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Through professional advocacy, counselors created a mandate to provide accessible, culturally responsive services to all clients, particularly clients from traditionally underserved racial/ethnic minority groups. Existing research demonstrates the merits of pursuing multicultural competence (MCC) and a disposition of cultural humility, with implications for establishing a positive working alliance, minimizing the occurrence of harmful microaggressions in session, and ultimately boosting client outcomes (Hook, Davis, Owen, Worthington, & Utsey, 2013; Hook et al., 2016; Tao, Owen, Pace, & Imel, 2015). Much less is understood about exactly *how* counselors can enact culturally responsive practices in session with clients and *how* counselor educators can prepare trainees in the area of cross-cultural skills.

One such skill, perhaps the most behaviorally defined skill within the literature to date, is broaching. Broaching refers to the counselor's authentic and ongoing consideration of relevant cultural factors in session, often as an invitation to discuss issues of identity and power with the client (Day-Vines et al., 2007). Most researchers have examined conversations about race, racism, and race difference, raising important social justice issues related to White counselors' relatively infrequent broaching compared with Black counselors (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003) and the greater benefit that racial/ethnic minority clients have reported receiving from this intervention (Zhang & Burkard, 2008). There are also established empirical relationships between broaching and strengthening rapport, increasing counselor

credibility, and client continuation and satisfaction with services (Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002; Knox et al., 2003; Zhang & Burkard, 2008).

Despite the promise of this intervention, counselors in general and White counselors in particular employ broaching at low rates and express hesitance about how exactly to approach these conversations (Jones & Welfare, 2017; Maxie, Arnold, & Stephenson, 2006). Two components of broaching contested in the literature are its *goals* and focus on *similarities and/or differences*. Debates about *goals* of broaching center on whether or not broaching should be focused on *content* and information gathering or on the *relationship* and addressing interpersonal dynamics of identity (Cardemil & Battle, 2003; Owen, Tao, Drinane, Hook, Davis, & Kune, 2016). When counselors choose to *broach for the relationship* there are differing perspectives on whether to emphasize cultural *differences* alone or a combination of *similarities and differences* (i.e., bridging and broaching) they share with the client (Fuertes et al., 2002; La Roche & Maxie, 2003). Accordingly, I plan to begin an evidence base for broaching techniques that illuminate *when* and *how* White counselors can most effectively broach race and racism with Black clients, with respect to broaching *goals* and *similarities and/or differences*, as well as the moderating effect of participant-clients' race centrality.

I made use of an experimental analogue design consisting of four videos of an interaction between a White counselor and Black client set in an intake counseling session depicting variations on the broaching intervention. Participants viewed one of the four possible interactions and provided their evaluation, connecting the relative importance of these broaching components to participant-client interest in continuing

services, counselor cultural humility, counselor (missed) opportunities for addressing culture, cross-cultural counseling competence, and the working alliance. Results suggest the following: (a) participants-clients' race/ethnicity impact ratings of the counselors' *culturally missed opportunities*, with White individuals viewing the counselor more favorably on average than Persons of Color; (b) broaching conditions offer a therapeutic benefit above the control condition on culture-centered variables only; (c) cross-cultural counseling competence is the variable most impacted by variations on broaching, such that the relationship conditions are superior to the content focused condition; and finally (d) broaching for the relationship that includes attention to similarities is markedly preferred over the other broaching styles. This project reaffirms the importance of addressing race, racism, and race difference for improving culturally responsive practices and begins to resolve debates about broaching components. I will also discuss implications for guiding counselors in beginning broaching dialogues with clients and preparing counselor trainees for enacting broaching as a skill.

SETTING THE STAGE FOR CULTURALLY RESPONSIVE COUNSELING:
AN EXPERIMENTAL INVESTIGATION OF WHITE COUNSELORS
BROACHING RACE AND RACISM

by

Kelly M. King

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Approved by

Committee Chair

APPROVAL PAGE

This dissertation, written by Kelly M. King, has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

Committee Chair _____
L. DiAnne Borders

Committee Members _____
Kelly Wester

Craig Cashwell

Robert Henson

Date of Acceptance by Committee

Date of Final Oral Examination

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CHAPTER I

INTRODUCTION

Trending Towards Culturally Responsive Counseling

The diversifying United States population and persisting disparities in access to mental health care across racial/ethnic minority (REM) groups (U.S. Department of Health and Human Services (HHS), 2012; Wang et al., 2005) has spurred a multicultural movement within the counseling field. Through professional advocacy, counselors created a mandate to provide accessible, culturally responsive services to all clients, particularly clients from traditionally underserved racial/ethnic minority groups. The past thirty years has seen multiple iterations of multicultural counseling competencies (MCC) and a proliferation of conceptual articles that advance the aim of effective cross-cultural counseling. Professional bodies such as the American Counseling Association (ACA) have formalized this mission as a core professional value for “honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” and “promoting social justice” (ACA, 2014). In so many words, counselors are encouraged to develop a stance of cultural humility with clients (Hook, Davis, Owen, Worthington, & Utsey, 2013), such that there is an egalitarian, collaborative effort to bridge difference, affirm clients’ multifaceted identities, and work against structural barriers affecting clients’ lives.

Counselors' responsibility to provide accessible, culturally responsive services is widely accepted; in fact, it resounds in our professional organizations, scholarly literature, accreditation standards, and counselor education curricula. Empirical work on MCC, summarized in a meta-analysis (Tao, Owen, Pace, & Imel, 2015), confirmed the positive impact of attending to culture on counseling processes and outcomes, with an overall positive relationship to working alliance measures and symptom improvement. A collection of studies on cultural humility (Hook, Davis, Owen, Worthington, & Utsey, 2013; Hook et al., 2016; Owen et al., 2016), have also established relationships to improved client outcomes, stronger ratings of the working alliance, fewer missed opportunities to discuss cultural factors in session, and fewer, less damaging racial microaggressions. Collectively, this research affirms the merits of pursuing greater MCC and cultural humility, but does so in broad, abstract terms. Much less is understood about exactly *how* counselors can enact culturally responsive practices in session with clients. Open questions about the behaviors, skills, and interventions consistent with cultural humility and multicultural competence models must be addressed in order to advance our practice.

A content analysis of sixty-four multicultural counseling course syllabi (Priester, Jones, Jackson-Bailey, Jana-Masri, Jordan, & Metz, 2008) reflected this dilemma: instructors overwhelmingly focused on cultivating multicultural knowledge, followed by self-awareness, with the majority (76%) of syllabi reflecting *low* to *no* mention of multicultural counseling skills. This emphasis on knowledge and awareness is understandable given the current state of cross-cultural counseling literature; however,

we cannot assume that simply boosting knowledge and expanding beliefs and attitudes will necessarily result in more effective cross-cultural practice (Collins, Arthur, Brown, & Kennedy, 2015; Rodriguez & Walls, 2000). Moreover, counseling students,' particularly White students,' resistance or defensiveness towards multicultural training (Buckley & Foldy, 2010) and lower MCC ratings (Pieterse, Lee, & Fetzner, 2015) are well documented, suggesting that a multicultural orientation and related skills might not come naturally for those who are less amenable to or have less personal experience with diversity. By adopting a focus on specific, concrete, and behavioral skills, counselor educators and supervisors can provide a clearer path towards building MCC and cultural humility. One such discrete skill, perhaps the most behaviorally defined to date within the literature, is *broaching* (Day-Vines et al., 2007; Jones & Welfare, 2017).

Broaching is increasingly discussed as a standard intervention in cross-cultural counseling, with an emphasis on cross-racial dyads in particular, though its components have not yet been sketched out thoroughly or empirically validated. Cardemil and Battle (2003), then Day-Vines and colleagues (2007), coined the term “broaching,” providing a useful focal point for a concept previously studied more broadly as discussions or dialogues about racial difference between the counselor and client(s). In the abstract, broaching is a counselor’s introduction of topics of race, ethnicity, and culture in counseling and is noteworthy for its aim to heal a “legacy of silence” (Day-Vines et al., 2007, p. 402) towards experiences of identity and power in the status quo. Scholars seem to agree on five core tenets of broaching, which might be termed *counselor responsibility, ongoing process, dynamic identities, multiple levels, and flexible stance*.

In theory, counselors are *responsible* for initiating broaching dialogues, given their position of relative power in the therapeutic relationship (Day-Vines et al., 2007; La Roche & Maxie, 2003). There is general agreement that it is more feasible for counselors to bring up taboo or difficult topics since counselors have an important role in determining what is “speakable” within a counseling session (Chang & Yoon, 2011). Further, it is recommended that counselors begin broaching in the first counseling session to establish rapport and learn about the client’s worldview (Choi, Mallinckrodt, & Richardson, 2015; Fuertes et al., 2002). Broaching efforts should then be extended throughout the course of a counseling relationship in an *ongoing process* of attending to the role that cultural factors, particularly race and ethnicity, have in shaping a client’s presenting concerns and the counseling relationship (Day-Vines et al., 2013). In an acknowledgement that individuals have *dynamic identities* and that memberships in multiple sociocultural groups are overlaid in complex and mutually constitutive ways (i.e., being a White male living in poverty brings another set of values, beliefs, and potential challenges as compared to being a White male with high financial resources), counselors are called to explore the particular meaning of client’s intersecting identities (Harley, Jolivet, McCormick, & Tice, 2002; La Roche & Maxie, 2003). Counselor broaching is also meant to open up discussions of *multiple levels* of culture and power, including clients’ individual, idiosyncratic experiences of identity as well as systemic and group-level experiences of marginalization and oppression (Day-Vines et al., 2007; Harley et al., 2002). Finally, counselors are urged to apply this skill *flexibly* in order to elicit the client’s perspective and experience. This suggests that broaching is followed by

counselors posing open-ended questions that support clients in articulating their own self-definition and lived experience (Day-Vines et al., 2007; La Roche & Maxie, 2003).

Descriptions also set out several contested skill components of broaching, including the *timing* of the intervention, the pointedness or openness of the *language* used, the *goals* of the broaching statement, and the emphasis on *similar* and/or *different* identities and experiences between the counselor and client. These components have implications for how directly counselors should broach, touching upon who holds responsibility for initiating dialogues, how precise the content should be, and whether the focus should be on a dynamic, present moment process. However, there seems to be a discrepancy between theory and practice around these particular components. In the literature, surveyed counselors have reported numerous hesitations in choosing whether or not to deliver or how to form a broaching statement (Jones & Welfare, 2017). Debates about *timing* of broaching center on whether or not to broach in the intake session as a matter of rapport building and information gathering, or wait for the client's initiation of this conversation in counseling (Choi et al., 2015; Jones & Welfare, 2017; Maxie et al., 2006). These options might be termed *proactive timing* and *responsive timing*. In multiple studies, counselors have described waiting for the client to raise cultural topics or postponing broaching beyond intake, if they broached at all, for fear that counselor introduction of race/ethnicity or culture could be off-putting, alienating, or viewed as irrelevant to a client (Jones & Welfare, 2017; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Maxie et al., 2006). Others have noted that broaching did not need to take place early on in counseling because they hoped that the conversation would come

about naturally at some point in the course of counseling, or because paperwork and other logistical concerns took precedence (Jones & Welfare, 2017). These reports are contrary to scholars' position that broaching should occur early on in counseling in order to build rapport and credibility (Fuertes et al., 2002; Jones & Welfare, 2017; Knox et al., 2003; Zhang & McCoy, 2009).

When counselors have chosen to initiate broaching conversations *proactively* with clients, they have expressed differing perspectives on how *pointed* or *open* their *language* should be. Within this component of broaching, some counselors prefer to use pointed language that acknowledges specific visible or salient cultural differences (e.g., race) that invite the client to respond directly about this particular identity, while others take a more indirect or open approach with language that is broad enough (e.g., culture, background) for the client to take the conversation in multiple directions (Jones & Welfare, 2017; La Roche & Maxie, 2003). This can also mean that counselors broach identities that they personally deem to be more important (e.g., spirituality) or more consistently relevant across the client population they serve, which may not line up with the client's perceptions of which identities are most salient (Jones & Welfare, 2017). Additionally, scholars position *proactive* broaching as potentially serving multiple *goals*, either to gather information to enhance conceptualization of the client and their presenting concern (*broaching for content*) and/or to bring attention to differences between the counselor and client and the impact that this could have on the relationship and counseling process (*broaching for the relationship*) (Cardemil & Battle, 2003; Day-Vines et al., 2007; Jones & Welfare, 2017; Owen, Tao, Drinane, Hook, Davis, & Kune, 2016). These divergent

goals have implications for counselors' level of self-involvement in the broaching statement: a *content* focus removes the relational quality of identity in favor of determining the relevance of identity for the client's development while a *relationship* focus invokes how the present interaction is a microcosm of outside systems (Cardemil & Battle, 2003; La Roche & Maxie, 2003; Owen et al., 2016).

Finally, most scholars (Fuertes et al., 2002; Maxie et al., 2006; Zhang & Burkard, 2008; Zhang & McCoy, 2009) have focused their attention on researching counselor-client discussion about cultural, almost exclusively racial, *differences* (sometimes termed broaching, although other scholars note that broaching can refer to simply bringing up a taboo cultural or identity based topic with a client of the same background or sociocultural group, e.g., Day-Vines et al., 2007) while others have suggested that it might be more beneficial to lead with cultural *similarities* (La Roche & Maxie, 2003) or, third, to discuss similarities and differences simultaneously (Maxie, Arnold, & Stephenson, 2006). Across these levels, counselors are involving themselves in the broaching statement with the *goal* of addressing the *relationship*. Scholars have identified different motivations for focusing on shared and/or divergent identities and experiences, with some suggesting that it is fruitful to establish common ground with the client and others advocating for a focused, undistracted dialogue about cultural differences (Chang & Berk, 2009; La Roche & Maxie, 2003). Throughout scholarly debates of these components the significance of broaching is upheld while the precise words and behaviors of broaching are inconsistent. These debates have yet to be examined and resolved through empirical research.

To date, researchers have focused on broaching behaviors related to race/ethnicity and racism that occurred within the first three counseling sessions (Fuentes et al., 2002; Knox et al., 2003; Zhang & Burkard, 2008; Zhang & McCoy, 2009). Beginning to investigate broaching in the context of cross-racial counseling relationships makes sense given the progression of the multicultural counseling literature (beginning with critiques of Eurocentric, White counseling paradigms and gradually shifting to more multicultural, intersectional conceptualizations of identity per the most recent MSJCC) and the primacy of race in stratifying society and segregating communities in the United States (Day-Vines & Holcomb-McCoy, 2013; Jones, Welfare, & Melchior, 2017). Across existing studies of broaching in cross-racial counseling dyads, practitioners viewed these discussions as quite productive in terms of enhancing their relationship with racial/ethnic minority clients, inviting greater client self-disclosure, producing a jump in counselor credibility and trustworthiness, and improving client satisfaction with services and attendance (Fuentes et al., 2002; Knox et al., 2003; Zhang & McCoy, 2009). A major limitation of these studies, however, is their inability to capture detail about the nature of racial dialogues, even when practitioners have noted the variability in the length and depth of these conversations across clients (Fuentes et al., 2002). In a study of client experiences of racial dialogues, the researchers simply posed a yes or no question about the presence of discussions on race/ethnicity (Zhang & Burkard, 2008). Surely the way in which these discussions unfolded matters in terms of positive outcomes to the therapeutic relationship and the course of counseling, and they likely varied to some extent based on the individual client. In a single study where researchers did describe the

broaching content, they were not able to capture its impact, perhaps because they did not take counseling process or outcome ratings following this intervention but rather at the conclusion of ten sessions of psychotherapy (Thompson & Alexander, 2006). Additional work is needed to unpack the particular components of successful broaching behaviors, and nuances in these components across various counselor and client characteristics, towards the goal of gaining more specific indicators for employing this cross-cultural skill. With greater specificity comes the ability to teach broaching in a more clear and concrete manner in multicultural counseling courses, just as counselor educators have scaffolded other aspirational stances such as counselor empathy via training in specific microskills (e.g., reflection of feeling and immediacy).

Researchers studying cross-racial counseling dyads also have uncovered differential attitudes and behaviors towards initiating racial dialogues between White and Black practitioners, with Black therapists reporting that the mere fact that their client was a person of color triggered their broaching behavior (Knox et al., 2003). Alternatively, White therapists have expressed greater reluctance to broach, pursuing broaching when “race seemed relevant” to the client’s presenting concern or when their client mentioned a racial topic first; otherwise, these practitioners reported not addressing race in therapy. These results suggest that the decision to broach, and counselors’ imagined efficacy of broaching, may not be rooted in the client’s needs or experiences at all. Rather, broaching may be tied to the clinicians’ own comfort with the intervention or their beliefs about the role of race/ethnicity in the counseling process (Jones & Welfare, 2017; Knox et al., 2003). Scholars repeatedly have noted that broaching relevance might also be

determined by racial identity factors such as salience, centrality, and/or developmental stage (Chang & Yoon, 2011; Day-Vines et al., 2007; Fuertes et al., 2002; Zhang & McCoy, 2009), suggesting that both race relations in a particular context and racial identity for a particular person (counselor and client) can help determine how to approach these dialogues as well as their relative significance. Client-centered, culturally responsive counseling should not rely on the counselor's potentially flawed assessment about the relevance of race for people of color, particularly when the alternative is further "cultural encapsulation" (Day-Vines et al., 2007, p. 402) of the counselor and the counseling relationship.

More recently, Zhang and Burkard (2008) explored clients' perspectives on discussions of race in counseling and found that, when White counselors broached race with Black clients, these clients rated their counselors as more credible and the therapeutic relationship as stronger. Interestingly, these results did not hold for Black counselors broaching with White clients, suggesting that these dialogues are more meaningful, indeed more clinically relevant, in dyads where the client is a minority. Taken together, the greater reluctance of White counselors to broach and the greater benefit to Black clients receiving a broaching behavior from White counselors suggest a significant social justice issue in this particular cross-racial counseling dyad. In fact, *not* broaching when race, ethnicity, and culture are especially salient for a given client or presenting concern constitutes a form of microaggression (Sue et al., 2007). Instead of creating greater intimacy with clients and validating their experience, this particular racial microaggression signals that clients must adapt to a more "color-blind" presentation

within counseling. Racial/ethnic minority clients in cross-racial counseling dyads have confirmed this dilemma, reporting that a White counselor's unwillingness to discuss race led them to avoid disclosing topics related to their race/ethnicity and experiences of racism (Chang & Berk, 2009). The gap between White counselors' behaviors and minority, particularly Black or African-American, clients' needs presents an opening to identify and test the specific implementation of a culturally responsive skill.

Statement of the Problem

Theoretical models of the broaching construct and evidence affirming the utility of having racial dialogues with clients are not matching up with actual practitioners' behaviors in session. To put this into perspective, in a sample of almost seven hundred psychologists, less than half reported having discussed racial/ethnic differences in session in cross-racial/ethnic dyads in the past two years (Maxie, Arnold, & Stephenson, 2006). Alarming, of those dyads that did broach race/ethnicity, clients were equally responsible for beginning these conversations. Identifying and testing specific components of broaching behaviors allow us to resolve some of the current disputes and ambiguities that stand in the way of counselors practicing this powerful skill. In view of counselors' marked hesitation to *proactively* initiate discussions with clients that incorporate *pointed language* (Jones & Welfare, 2017) to address race, race difference, and racism, these broaching components are held constant across experimental conditions. Examining *proactive, pointed* initial broaching statements in a cross-racial counseling dyad allows for counselors and counselor educators to gain feedback about exactly *how* they should phrase these statements with regard to *broaching goals*

(*broaching for the relationship* or *broaching for content*) and acknowledgment of cultural *differences* or a balance of *similarities and differences*. In testing these broaching components, I hope to provide more specific and tangible guidelines for when and how to implement broaching as a skill, in a similar fashion to how we instruct beginning counselors to practice other initially unfamiliar and challenging skills.

Purpose

In the present study, I examined how potential clients receive broaching statements of varying *goals* and inclusion of *similarities* and/or *differences* through four videos of an interaction between a White counselor and Black client. Given the focus on cross-racial broaching within existing literature, I tested broaching components specific to this dyad. In order to investigate the relative benefits of broaching components, I asked participants to view video vignettes that altered which components the initial broaching statement contained. Each of the four videos were made up of an identical clip of a mock intake counseling session, while the final portion of the video where the counselor delivers an introductory broaching statement varied across conditions. The broaching scenarios depicted in the videos are the following:

- Condition 1 Proactive timing, pointed language, broaching for content:
Counselor raises the topics of race and racism to elicit information about the client
- Condition 2 Proactive timing, pointed language, broaching for the relationship, differences: Counselor introduces the topic of race, racism, and racial differences between the counselor and client

- Condition 3 Proactive timing, pointed language, broaching for the relationship, similarities and differences: Counselor introduces the topics of race, racism, race differences, and a shared aspect of identity (i.e., gender) between the counselor and client.

In addition, one video does not contain any broaching statement (condition 4; control condition). Participants, individuals who self-identify as Black or African-American, viewed one of the four interactions and provided their evaluation of the counselor and the counseling process. This evaluation involved the counselor's multicultural orientation (culture humility and use of cultural opportunities), counselor's MCC, working alliance, client's satisfaction with the session, and client's desire to return for services. To respond to the consistent discussion of client racial identity factors in the broaching literature, ratings of the counseling process and outcome across conditions were also analyzed in light of participant-clients' measures of race centrality. This variable provided for some consideration of within-group differences, in order to avoid conceptualizing Black or African-American identifying participants or potential clients as a monolithic group.

Research Question

In examining specific elements of a broaching intervention and their relative effectiveness for clients, I addressed the following research question:

How do potential clients' perceptions of the counselor's multicultural orientation (cultural humility and cultural opportunities), counselor's multicultural counseling competence, working alliance, and desire to continue services differ among all four conditions 1) *Proactive timing, pointed language, broaching for content*, 2) *Proactive timing, pointed language, broaching for the relationship, differences*, 3) *Proactive timing, pointed language, broaching for the relationship, similarities and differences*, 4) *Control*, and are there any differences between conditions moderated by race centrality?

Need for the Study

Behaviorally defining and empirically testing various approaches to broaching offers a decisive, concrete response to counselors who are hesitant or unwilling to begin these dialogues with clients. This is especially applicable for White counselors working with Black clients, given the documented disparity in broaching behaviors between White counselors and counselors of color (Knox et al., 2003) and the greater benefit that racial/ethnic minority clients have reported receiving as a result of this intervention (Zhang & Burkard, 2008). In examining specific components of the broaching technique, as well as the role of often cited client factors (i.e., racial identity), I hope to begin to advance our understanding of what effective cross-cultural practice *looks like*. If

counselors have a better sense of how to implement a skill, a greater sense of responsibility and self-efficacy in multicultural competence could follow. Just as with learning about and practicing other counseling skills, it is necessary to scaffold broaching skills in order to receive feedback and continue improving both counselors' individual practice and the counseling field's understanding of how to successfully implement broaching interventions.

The present study can also enhance counselor education and supervision around cultivating cultural humility and multicultural competence. First, this research begins the larger project of sketching out and validating specific cross-cultural skills and interventions. Ideally, this research will provide a potential model for conducting future studies in this vein with a focus on other racial, ethnic, cultural or intersectional identities and/or highlight opportunities to improve upon my chosen methodology. Next, as counselors are developing their skill repertoires in general, we can advocate for simultaneous development of broaching behaviors in session with clients. Describing broaching as a concrete intervention and providing specific guidelines for counselors to follow in session can provide a building block toward developing more advanced, complex, and adaptable broaching practices (Day-Vines et al., 2013). Developmentally, instructing beginning counselors in a specific intervention can help assuage their hesitation and discomfort in using this skill with clients. It can also spark productive conversation in courses and supervision about the relevance of cultural factors in the counseling process and how to learn from and make use of the information gleaned through broaching dialogues.

Finally, the conceptual resonances between broaching, cultural humility, and multicultural competence offers an opportunity to begin looking at how skills actually map on to the aspirational qualities and dispositions that we, as counselors, hope to cultivate. Through this project, I hope to advance the conversation beyond a foundation in theory and more abstract conceptualizations of cross-cultural counseling, towards real world application. In illuminating the process of broaching, I hope counselors can better tap into the clinical benefits it affords. Importantly, understanding the components of *broaching goals and similarities and/or differences* will allow counselors, counselor educators, and clinical supervisors to participate in the rich and challenging conversations about differences and inequities that stem from broaching these risky topics, supporting clients' wellness and our continued growth and curiosity about the people we come into contact with.

In addressing these open questions, this project is subject to limitations. These limitations point to the need for continued investigation of the broaching skill and connect to choices I have made with regards to research design. First, the narrow cross-racial context I employ in the analogue design limits generalizability to broaching other identities and relies on racial categories to describe people. Relying on such categories could perhaps over-problematize White counselors and falsely assume similar identification of Black potential clients and research participants. While the cross-racial dyad and focus on discussing race and racism comes out of an empirically supported need and provides an important context in which to test debated broaching components, it also restricts the ability to describe within-group diversity and intersectionality. Similarly, the

analogue design offers a controlled environment that does not capture the realistic unfolding of broaching conversations and gathering client subjective experiences. Throughout this manuscript I will describe my rationale for accepting these tradeoffs and contextualize my interpretation of study results in order to appropriately generalize findings and illuminate future lines of inquiry.

Definition of Terms

Broaching is a framework for conceptualizing and engaging in explicit conversations with clients about race, ethnicity, and culture in counseling sessions (Day-Vines, Bryan, & Griffin, 2013). In its most advanced form, broaching as an intervention is integrated with counselors' lifestyle such that they pursue critical consciousness about sociopolitical issues facing marginalized people and express a commitment to acting on this awareness in counseling sessions and in daily life (Day-Vines et al., 2007). As a behavior, broaching can involve initiating discussion about cultural factors in session as well as responding to client sharing about issues of culture and power in facilitative ways and developing culturally relevant strategies for counseling consistent with this information (Day-Vines et al., 2013). For the purposes of this study *counselor broaching* is operationalized in three different videos demonstrating variations on broaching statements that are all *proactive* and contain *pointed language* to address race and racism. The broaching variations represent different levels of the *broaching goals* and *similarities and/or differences* components. All three counselor broaching conditions will contain the following broaching tenets: set in intake counseling session, focus on individual and

systems levels of culture (e.g., race and racism), and flexible, inquiring statements that invite the client's perspective.

Cultural humility (CH) is a component of counselors' overall multicultural orientation (MCO) that offers a "way of being" with the client that prioritizes culture and issues of power. A stance of cultural humility reflects openness to ongoing learning about others' multiple cultural identities, with a commitment to critical self-reflection and accountability for issues of power and privilege that impact the client and the therapeutic relationship (Hook et al., 2013). For the purposes of this study, cultural humility is measured with the Cultural Humility Scale (CHS; Hook et al., 2013).

Cultural (Missed) Opportunities are the second component of counselors' MCO, referring to the extent to which a counselor seeks out and approaches moments to discuss culture in session. This variable will be captured with a scale of the same name (Cultural [Missed] Opportunities Scale; Owen et al., 2016).

Ethnicity refers to an individual's group membership within a cultural heritage.

Multicultural counseling competence (MCC) encompasses a set of standards for more effectively working with culturally different clients. Models for multicultural competence include dimensions of counselors' attitudes and beliefs, knowledge, skills, and actions (Toporek & Reza, 2001). Within this project, MCC is captured by the Cross-Cultural Counseling Inventory (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991).

Multicultural orientation (MCO) is an approach to working with clients that prioritizes understanding cultural factors for both the counselor's and client's life, consisting of cultural humility and the level of engagement with cultural material in

sessions (Owen, Tao, Leach, & Rodolfa, 2011). In the present study, MCO will be measured with the combined Cultural Humility Scale (CHS; Hook et al., 2013) and Cultural (Missed) Opportunities Scale (Owen et al., 2016).

Race is a socially constructed facet of identity that tends to refer to physical characteristics such as skin color or facial features (Day-Vines et al., 2007). In the United States context, race is of particular salience and is connected to a host of life outcomes (Smith-Maddox & Solorzano, 2002).

Racial centrality is a stable understanding of how important race is in determining a person's self-concept. In other words, race centrality is the degree to which, across time and situations, race is a crucial aspect of how a person defines herself or himself. For this project, I operationalize race centrality with the Centrality Scale of the Multidimensional Inventory of Black Identity (MIBI; Sellers, Smith, Shelton, Rowley, & Chavous, 1998).

Racial identity salience is the degree to which race is an important category of identity for an individual in any given moment or situation. Race salience can be impacted by the surrounding context as well as the person's predisposition to consider themselves in terms of their race (i.e. their racial centrality) (Sellers et al., 1998). I will measure racial identity salience with a scaling question of the importance of this particular facet of identity (included within the CHS).

Working alliance is a combination of the interpersonal relationship between the counselor and client, as well as their agreement on counseling goals and tasks in addressing the client's presenting concern (Hatcher & Gillapsy, 2006). Here, working

alliance is operationalized as clients ratings on the Working Alliance Inventory (WAI-SF; Tracey & Kokotovic, 1989).

Overview

This dissertation project is presented in five chapters. Chapter I has contained an introduction to the purpose of the study, empirically testing components of the broaching skill, in order to address the current problem of unspecific and broad mention of culturally responsive counseling practices. I have also described the need for an operationalization and evaluation of specific broaching components alluded to within the broaching literature in order to resolve inconsistencies and respond to counselor hesitance. Chapter 1 also includes my research questions, a description of the study's significance, and definitions of key terms.

In chapter II I undertake to review and critique the state of the literature on cross-cultural counseling skills, with an emphasis on broaching in particular. I also draw up the body of work that propels me to examine a specific cross-racial counseling dyad and the movement to pursue cultural humility alongside multicultural counseling competence.

Chapter III centers on the methodology I have selected to address my research questions. I will describe my hypotheses, participants, measures, procedures, pilot, and data analyses here.

In Chapter IV I will report both a description of study participants and the results for each statistical analysis of my research questions. This dissertation will conclude with a discussion of the study findings, implications, limitations, and areas for future study in Chapter V.

Positionality Statement

I approach this work from my position as a White woman counselor-advocate-scholar (per Ratts & Pedersen, 2014). I often identify myself by these two visible aspects of my identity, White and woman. They are both salient to people who come into contact with me and have power in shaping my life experiences and worldview. Importantly, with this project (and in my research and advocacy agenda moving forward), I enter a literature pioneered by Black scholars and scholars of color from the standpoint of a member of the majority, White racial group. I have a growing appreciation for the way in which people belonging to minority groups are called to do work that disrupts the status quo, informed by an embodied kind of critical consciousness and perhaps a heightened sense of personal responsibility in the face of injustice. I have learned this from friends who tell me that the death of Trayvon Martin, Sean Bell, Sandra Bland, Oscar Grant...shook them to their core and engendered a terror the likes of which I will never quite feel. I have learned this from friends who show me how their visible status as queer forces them to advocate and identify themselves in ways that I do not have to as someone who passes for straight.

For me, this means that I have access to greater choice: whether or not I approach the work, when I want to disengage and detach. These same choices are perhaps not as available to members of marginalized groups who are compelled to work with and on behalf of individuals who share similar positionalities. I also must be clear about the depth of feeling I have about injustice and stratified access to resources, including mental health services. My reactions span anger, sadness, despair, helplessness, frustration,

disquiet, numb, afraid. Even so, a tension exists between my passionate investment in opposing injustice and my position of relative privilege and safety. This tension can invite justifiable reservations or skepticism surrounding my ability to serve and be genuinely invested. Although I notice feeling uncomfortable, saddened, or frustrated by this tension, I am coming to understand the way in which it instigates continued, critical self-reflection for myself. At times this means staying silent, stepping back, making room for others, and turning inward. In other moments, this means taking a risk, stepping out, perhaps fumbling, seeking support and union with others, and again (and always) self-reflection.

In describing myself, relying on the dimensions of White and woman alone misses much of my diversity of experience and passion. I am propelled to use my station as a counselor-advocate-scholar for committed action informed by my family, my experiences with clients, and the strong emotions that accompany these relationships (per Atkins, Fitzpatrick, Poolokasingham, Lebeau, & Spanierman, 2017). I am now the wife of a South American immigrant to the United States who I have loved and learned with for over nine years. Our cultural differences inform us and I am enriched when I open the door of my own cultural encapsulation. I also bear witness to discrimination and roughness he and his family receive from others when they begin speaking their native Spanish language. I have heard stories and felt the fear of a family member who struggled at work and attributed these exasperating obstacles to *who they are* and *what they look like*. I feel wounded by these events; they touch moments in my own history

(and my present) when I have been dismissed, sexualized, or questioned because of my status as a woman.

My limited perspective broadens each time I open myself to the stories of *clients*. I have learned how wellness and stability are not universally available options. Most of the clients I have served are racial/ethnic minorities and institutionally involved; in other words, they have been caught up in some system(s). Hearing about Child Protective Services from the perspective of a mother yearning for her children and hearing about our oppressive criminal justice system from an inmate bursting with potential are moments of connection that have fundamentally *changed me*. My sense of a just world has been violently uprooted and a pressing urgency to serve and advocate has taken its place. Finally, and across all of these experiences, I have felt guilt, anger, joy, love, pain, powerlessness, and on and on. The depth of *emotion* available when I come into contact with someone else and allow my narrow lens to be challenged and widened is transformative. At times overwhelming, these are states I cycle through with a growing sense of their permanency. *The work* advances when we take seriously and *feel* the truths of others.

To end, I will briefly share the story of an encounter I recently had. I am a member of a tight-knit group that works in solidarity with incarcerated people in our local community. This translates into regular demonstrations to alert our community to goings-on in the jail, including premature deaths, medical neglect, and racialized assault. It also includes communication with inmates, both at these demonstrations and through monthly letter writing. This month I wrote letters of support, inviting people inside to

speak their truth and share their needs. I sat next to a Black woman who was largely writing the same *type* of letters, although I came to understand how hers differed in *kind*. She wrote to the kid from the neighborhood, her nephew, and the young man at church who was just locked up because he could not pay a fine. As she wrote, she laughed and she smoldered. Her connection to this work is worlds apart from mine. This matters. Even as I lack her insight, her depth of pain, I sat alongside her and wrote. We are joined together in this task, a task we wish we did not have to do. She came to it before me; she remains immersed in it well after I leave the letter-writing hour. This matters. This is painful. And because of these circumstances, I will follow her lead, contributing in the ways that I know how. I will endeavor to take on a humble, open stance that is full of the conviction I feel and attuned to the contributions and investments of others.

It is in this spirit that I have grappled with the topics of cross-racial counseling and broaching. I hope that my passion is legible and I invite all reactions that will continue to challenge me and advance *our work*.

CHAPTER II

LITERATURE REVIEW

In this chapter I describe and synthesize four broad literatures, building up to the gap addressed by the current study. These literatures are multicultural counseling competence, multicultural orientation, broaching, and cross-racial counseling. I place particular emphasis on the skills vacuum across literatures, suggesting methodological and conceptual challenges that then make it difficult to prepare counselors to effectively serve culturally different clients. Throughout this chapter, I also advance the case for the specific dyad, White counselors and Black clients, I seek to study; illuminating providers' historical neglect of race and racism as well as the heightened salience and call to action that surrounds this marginalized client identity.

Historical and Current Need for Culturally Responsive Counseling

Pronounced and persistent disparities in mental health care availability, utilization, and access exist between racial/ethnic minorities and White people of European descent in the United States (HHS, 2012; HHS, 2001; Wang et al., 2005). Surely there are numerous factors contributing to this gap, including the role that mental health providers have in making their services more available and responsive to minorities (Griner & Smith, 2006; Roysircar, 2009). Researchers have cited cultural differences between counselors and the clients they serve and minority clients' mistrust of services in the context of historically ineffectual, oppressive, or abusive treatment by

health care systems as additional contributors (Gómez, 2015; Roysircar, 2009; Watkins, Terrell, Miller, & Terrell, 1989). In combination, such factors may relate to observed inequalities in counseling processes and outcomes: Black clients have fewer average counseling sessions, terminate sooner, and report more negative help-seeking attitudes than their White counterparts (Thompson & Alexander, 2006). An analysis of 1998-2006 health services data also indicated that Black clients had more difficulty accessing services in terms of scheduling a counseling appointment, arriving to the treatment location, and managing costs compared to White clients (Cai & Robst, 2016). These differences were observed even when controlling for other demographics (e.g., socioeconomic status, gender), physical and mental health status, ability to function, and quality of life (Cai & Robst, 2016).

In addition to structural impediments to accessing mental health care, counseling process variables might also interfere. For example, in this same study of health services data, Black clients, compared with White clients, reported lower ratings of their providers' competence and knowledge, less agreement about the goals of counseling, and more often felt that their rights as a client were not respected by their counselor (Cai & Robst, 2016). Such quality of care concerns further problematize mental health care professionals' role in the treatment gap between racial/ethnic minorities and White Americans (Cai & Robst, 2016). Collectively, these findings add credibility to the argument that counselor biases, at least in part, contribute to under-utilization and early termination of mental health services (Sue et al., 2007). There is a continuing need to

explicitly address these barriers to receiving help, both on structural (e.g., transportation, childcare, finances) and individual (e.g., working alliance, counselor competence) levels.

Multicultural Counseling Competencies: Attitudes, Knowledge, Skills, (Action)

The counseling field has attempted to take a multidimensional approach to addressing mental health disparities, resulting in a proliferation of literature on multicultural issues in counseling and psychotherapy over the past 35 years (Worthington, Soth-McNett, & Moreno, 2007). The first set of multicultural counseling competencies (MCC), issued by Derald Sue and colleagues in 1992 (Sue, Arredondo, & McDavis, 1992), overtly challenged the monocultural and monolingual assumptions underlying leading White paradigms of counseling. Sue et al. outlined the inherently limited nature of existing counseling paradigms to respond to the needs of people of color, as well as the potential for harm in failing to consider the sociopolitical realities of oppressed groups of people. The competencies themselves initiated efforts to facilitate the *beliefs and attitudes, knowledge, and skills* (often referred to as the “tripartite model”) that would be more conducive to effective cross-cultural counseling. These three dimensions (*beliefs and attitudes, knowledge, and skills*) were articulated for each of the following three domains: (1) *Counselor awareness of own assumptions, values, and biases*, (2) *Understanding the worldview of the culturally different client*, and (3) *Developing appropriate intervention strategies and techniques* (Sue et al., 1992). The competencies are framed as an active process, with culturally competent counselors seeking greater insight about themselves, having an attuned and open response to clients,

and adapting counseling techniques to match clients' needs and preferences with respect to their cultural background.

Subsequent MCCs have expanded on this conceptualization of cross-cultural counseling by including a more nuanced view of culture, privilege, and oppression in counseling. The most recent version, the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015), is organized into four dimensions: *Counselor Self-Awareness*, *Client Worldview*, *Counseling Relationship*, and *Counseling and Advocacy Interventions*. The traditional focus on awareness, knowledge, and skills in each domain was maintained, with the addition of a fourth action level. In this iteration of the competencies, scholars furthered the visibility of systemic issues for counselors and clients related to their sociocultural group membership. Additionally, the views of the *client* and *counselor* are more dynamic, with the acknowledgement that both parties can occupy privileged and marginalized positions at any given moment in the therapeutic encounter, depending on which identities are most salient (Ratts et al., 2015). This development is consistent with growing acknowledgment of the many facets of culture (e.g., sexual orientation, gender identity, nationality) and how they combine to inform a distinct worldview, as well as a pull for counselors to understand all counseling relationships as cross-cultural. The competencies provide an impetus and guide for research, teaching, supervision, and counseling practice that are responsive to cultural factors.

MCCs and the Counseling Field

The MCCs (and MSJCCs) have received widespread endorsement by the ACA, its numerous divisions, counselor education programs, and the Council for Accreditation for Counseling and Related Educational Programs (CACREP). In fact, the consensus definition of *counseling* now includes elements of empowerment and diversity in order to highlight the importance of building human agency and valuing the identities of every client (Kaplan, Tarvydas, & Gladding, 2014). Researchers have primarily attempted to track efforts to boost MCC in the domains of counselor education and within counseling relationships.

Questions persist about how counselor education and counseling practice should be altered to effectively cultivate multicultural counseling awareness, knowledge, skills, and action. Some researchers have examined how distinct multicultural approaches to teaching and counseling are from more generally effective practices. Importantly, they have found both strong correlations between recent graduates' general counseling competence and MCC following a master's level counseling training program, and a significant lag of multicultural counseling skills compared with general skills (e.g., Cates, Schaeffle, Smaby, Maddux, & Lebeauf, 2007). In two qualitative studies of cross-cultural counseling, researchers noted how a balance of general counseling factors (e.g., empathy, therapeutic relationship, client expectations for counseling) as well as specific, culturally focused factors (e.g., client's perception of the role of culture in counseling, counselor receptivity to cultural material) lent themselves to the success of the counseling process (Pope-Davis et al., 2002; Tsang, Bogo, & Lee, 2011). Thus, it is necessary to continue

defining the specific elements of a multicultural approach and how they are distinctly effective.

Meta-analytic reviews of the relationship between multicultural education and MCCs (Smith, Constantine, Dunn, Dinehart, & Montoya, 2006), and MCCs and counseling process and outcome variables (Tao, Owen, Pace, & Imel, 2015) have demonstrated the benefits of training and practicing from a cultural perspective. In the case of multicultural education and training across a variety of formats (e.g., semester long course, two-week workshop), there is support for their impact on raising MCC, racial identity development, and the strength of client-counselor relationships, and lowering trainee racial prejudice (Smith et al., 2006). These effects approximately double in size when the educational intervention is guided by theory (Smith et al., 2006). Recently, researchers studied critical incidents in MCC development for master's level counseling students in order to more specifically identify the impactful inputs and outputs of training (Collins, Arthur, Brown, & Kennedy, 2015). Student responses indicated that their MCC and social justice growth took place either in a single multicultural counseling course, practicum experience, or specific learning activity. Collectively, participant responses provided support for the role that these varied educational interventions had in developing certain MCCs, including building culturally sensitive relationships and counseling processes; awareness of the values, worldview, and biases of the self and others; and shifting perspectives on the counselor role to include social justice considerations (Collins et al., 2015). Students emphasized learning that expanded their MCC attitudes and knowledge, suggesting the potential for educational experiences to

begin MCC development while also shedding light on the limited ability of current MCC training to foster the requisite skills for cross-cultural counseling.

With regards to counseling practice, a meta-analysis of counselor MCC showed an overall, high association ($r = .75$) with client ratings of counseling process measures (e.g., working alliance) and an overall moderate association ($r = .29$) with client ratings of counseling outcomes (e.g., symptom improvement and well being) (Tao, Owen, Pace, & Imel, 2015). The researchers asserted that, in light of these findings and the associations among therapist MCC and other common factors of effective therapy (e.g., empathy, collaborative goal setting, alliance repair), MCC should be elevated to the level of other empirically supported factors for effective treatment. In a separate study of current or recent counseling clients' experience of their counselor's multicultural competence, a couple of instructive findings emerged: MCC had strong positive associations to indicators of general counselor competence (i.e., attractiveness, expertness, trustworthiness, and empathic understanding) and it helped explain additional variance in client satisfaction beyond these general counseling competencies (Fuertes & Brobst, 2002). Moreover, the added boost to client satisfaction of counselor MCC was more relevant for racial ethnic minority clients, with the effect quadrupling in size for this subsample and falling from significance for the subsample of White clients (Fuertes & Brobst, 2002). The role of culture and MCC in counseling is certainly more or less pronounced depending on the salience of these cultural identities for the client and is experienced in conjunction with other, more universal aspects of effective counseling (Pope-Davis et al., 2002). Throughout research into both MCC training and practice,

there is a marked sense that MCC, broadly defined, matters, and that there have been advances in effectively training counselors and providing services to clients.

Limitations of the MCC Framework

Though scholars of MCC have provided an important foundation for the counseling field, there are a few barriers that limit their work having a more direct influence on training counselors and real-life counseling. In a content analysis of MCC research focused on counseling across a 20-year period (1986-2005) (Worthington, Soth-McNett, & Moreno, 2007), three significant limitations emerged: the over-use of descriptive field surveys, reliance on convenience samples, and use of self-report measures of MCC. These limitations reduce the ability to make causal claims about training and treatment approaches, to confidently claim that measures are an objective evaluation of MCC, and to generalize and apply findings. It is concerning that client ratings of MCC were only utilized in 21% of the total studies included in this content analysis (Worthington et al., 2007), suggesting that scholars can do more to solicit the perspective of the clients that counseling professionals are hoping to benefit (Owen, Leach, Wampold, & Rodolfa, 2011). Researchers have also established the inflation evident in MCC self-report ratings when compared with third-party observer ratings of counseling students' videotaped cross-cultural counseling role-plays (Cartwright, Daniels, & Zhang, 2008). High internal consistency among observer ratings of trainees' MCC suggests that, while "we know it when we see it," MCC poses challenges to operationalize and measure (Cartwright et al., 2008). Thus, MCC emerges as an

important therapeutic factor that has received increasing empirical support while still lacking the kind of specificity necessary to teach, enact, and measure it effectively.

Relatedly, scholars evaluating culturally responsive treatment compared to neutral or perhaps unresponsive treatment have set up a false dichotomy that leaves the application of MCC ambiguous. In effect, research to date takes a broad look at culturally responsive counseling that obscures the impact of specific skills. In other words, scholars have established relationships between presence or absence of MCC and more positive counseling process and outcome measures, formulating MCC as an abstract quality that counselors can possess as opposed to an inventory of specific actions counselors can take that demonstrate MCC. I argue that we must shift our focus to well-defined techniques or behaviors consistent with the MCCs to test how they map onto MCCs and are experienced by clients themselves. Such a shift is parallel to literature on the development of other areas of counseling practice (e.g., group counseling), where attention is initially given to establishing positive outcomes in general and then gradually must turn towards taking stock of the particular processes that produce these outcomes (Coleman, 2006).

Multicultural Orientation Framework

Scholars' conceptual and psychometric critiques of MCC contributed to the emergence of multicultural orientation (MCO), an at times allied, at times alternative, framework for effectively counseling across difference. Unlike MCC as a "way of doing" effective cross-cultural counseling, MCO reflects a "way of being" that prioritizes and is inclined towards cultural factors (Owen, Tao, Leach, & Rodolfa, 2011). Owen and

colleagues noted that MCO reflects a sustained interest in these factors given a person's philosophy and/or values about the primacy of culture for clients' and counselors' lived experience (Owen et al., 2011). In fact, they also asserted that researchers may have been trying to measure MCO in previous research claiming to measure MCC, and that MCO better reflects the meaning of client ratings for cross-cultural effectiveness (Owen et al., 2011). In a promising new trend, MCO measures are grounded in the clients' perspective in order to address self-report biases in measuring MCC and to consider the impacts of cultural effectiveness on actual counseling clients.

MCO, then, can be framed as a general approach orientation to cultural material in session reflected in a humble, genuine interest. Scholars have raised questions about how counselors can signal their MCO in session with clients, while also being sensitive to the fact that cultural discussions can be perceived as especially intimate or perhaps even threatening, depending on a myriad of (currently undefined) factors (Owen et al., 2016). This is a crucial tension within the multicultural literature: exactly *how* can counselors balance taking clear, deliberate action to prioritize culture in session in a way that is also delicate and open to the nuances of a particular client's presentation. Researchers must begin to unpack the behaviors consistent with a strong MCO in order to enhance training. The two components of MCO, cultural humility and cultural (missed) opportunities, have been written about more extensively and provide some direction in terms of operationalizing MCO. These components are theorized to work in tandem, with cultural humility prompting counselors to engage with opportunities to discuss

culture and this engagement with cultural opportunities leading clients to view their counselor as more culturally humble (Owen, 2013; Owen et al., 2016).

Cultural Humility

Cultural humility is receiving growing attention, particularly in psychology, social work, and medicine, as an advancement on traditional models of multicultural competence (Fisher-Borne, Cain, & Martin, 2015; Foronda, Baptiste, Reinholdt, & Ousman, 2016; Hook et al., 2013). Cultural humility, and other-oriented disposition, involves advocating for counselor accountability and ongoing critical reflection to meet the changing needs of diverse clients and communities (Fisher-Borne et al., 2015; Hook et al., 2013). Counselors are called to be curious about the complexity of the client's lived experienced and multiple, intersecting identities. This approach can be contrasted with competencies, which tend to have a more pronounced emphasis on possessing knowledge about categories of identity and being able to anticipate the profile or needs of a culturally different client (Fisher-Borne et al., 2015). At its core, cultural humility rejects the inclination to make assumptions about clients' identities, and instead invites clients to self-identify their group memberships and experiences with privilege and/or marginalization. Cultural humility centers issues of power, privilege, and oppression such that counselors engage in an ongoing analysis of themselves and the institutions they are a part of (Fisher-Borne et al., 2015). This disposition reflects MCO's stance of "openness, curiosity, lack of arrogance, and genuine desire to understand clients' cultural identities" (Owen et al., 2016, p. 31).

Examining the Cultural Humility Scale (Hook et al., 2013) also sheds light on what is meant by cultural humility vis-à-vis the clients' own evaluation of their clinician. Per the survey items, culturally humble counselors exhibit respect, considerateness, and open-mindedness towards clients in reference to their cultural backgrounds. These counselors are also non-assuming, willing to acknowledge when they are uncertain, and open to seeking the client's input. Finally, culturally humble counselors do not occupy a superior position, understand the value in the client's worldview, and show genuine interest in taking on that perspective (Hook et al., 2013). This definition has implications for practice: counselors engaged in intimate relationships with clients of different social identities must be responsible for openly and nonjudgmentally pursuing conversations that both welcome cultural considerations and abandon assumptions about what a given identification may mean for the client. This responsibility reflects the delicate balance of determining when and how to discuss culture and power with clients in sessions. An awareness of opportunities to have such conversations is complementary to cultural humility and highlights the need to better define these considerations for counselors.

Cultural (Missed) Opportunities

The second MCO domain, cultural (missed) opportunities refers to the moments or openings within a counseling session when the counselor seeks to "explore and integrate a clients' cultural heritage" (Owen, 2013, p. 499). Owen and colleagues have named this domain "cultural (missed) opportunities" due to the reality that these junctures are met first with the counselors' need to recognize them and next by a choice of whether or not to engage cultural material in that moment. They cautioned against consistently

sidelining culturally-relevant topics or patently avoiding culture in session, as this would reflect low cross-cultural effectiveness and perhaps alienate a client belonging to a minority group (Owen, 2013; Owen et al., 2016). This caution lines up with other scholars' assertion that, for White counselors, not acknowledging the role that race/ethnicity continues to have in stratifying society can be experienced by a minority client as a microaggression (Chang & Berk, 2009; Sue et al., 2007). What's more, such microaggressions can easily go unnoticed or be unappreciated by members of the dominant cultural group, resulting in the "invisibility" of these microaggressions or a "clash of racial realities," both of which are harmful to the therapeutic relationship and counseling process (Sue et al., 2007, p. 280). Despite this motivation for pursuing opportunities to discuss culture, there is still hesitance and uncertainty (Jones & Welfare, 2017) as to which conditions are ripe for beginning such conversations.

Cultural (missed) opportunities are also more or less present and important given client factors such as their self-concept, interest in, and perceived relevance of cultural conversations (Owen, 2013). One of the most prominently discussed client factors driving the need for and response to cultural conversations is racial identity or racial salience (Chang & Berk, 2009; Day-Vines et al., 2007; Thompson & Alexander, 2006). It is significant that a counselor cannot predetermine how these factors are viewed by particular clients until they make an attempt to address cultural topics with them in session. For instance, racial identity salience cannot be determined absent some discussion of race for lack of the information necessary to make such a determination (Thompson & Jenal, 2004). However, once a cultural opportunity to discuss race is

pursued by counselors, they could gain some preliminary information about the relevance of race for the client.

Accordingly, counselors need instruction in ways to effectively time and phrase such introductions, whereas the current literature remains inconclusive here. Scholars have tentatively asserted the benefits of engaging with cultural opportunities presented by the client as opposed to raising cultural issues outside of this “responsive and contextual” fashion (Owen et al., 2016). Client invitations to have a cultural conversation vary in how explicit they are (Thompson & Jenal, 1994): a highly explicit client statement might be, “As a Latina...” while a low explicit statement could look something like, “I feel that I have some trouble ‘fitting in’.” In some cases then, the counselor might be provided with the relevant cultural identity and language, whereas other cases might require the counselor to anticipate the ways that culture could be at play and read client statements through this lens. However, this position of waiting for a “responsive and contextual” moment to pursue cultural opportunities raises questions about how a practitioner can balance assuming responsibility for having cultural conversations (Jones & Welfare, 2017) with allowing for these topics to emerge from the client. The tradeoff in waiting for more natural, client-led cultural conversations is that they may not ever occur, a limitation that has been widely observed between Black clients and White counselors, reflecting the difficult reality that discussing race within this dyad is quite unnatural or even taboo (Thompson & Jenal, 1994; Thompson, Worthington, & Atkinson, 1994). In fact, if White counselors do not initiate cultural discussions, Black clients may instead comply with a race-neutral presentation or even highlight facets of identity that they

share, engaging in “compartmentalization” and “bridging” in order to ease this cross-racial interaction (Chang & Berk, 2009; Okun, Chang, Kanhai, Dunn, & Easley, 2017; Thompson & Jenal, 1994). Such findings support the notion that the counselor is responsible for initiating discussions by seeking cultural opportunities in session.

Research on MCO

Already, researchers have demonstrated the potential of counselor MCO to enhance counseling process and outcomes. In a foundational study of the CHS, Hook and colleagues (2013) demonstrated the interrelationships between cultural humility, multicultural competence, and working alliance, with both CH and MCC acting as significant predictors of working alliance scores in a sample of university counseling clients. Cultural differences reflected in this sample extended beyond race/ethnicity, as some counselor and client dyads were both racially White. Importantly, CH determined variance in working alliance scores over and above that accounted for by MCC (Hook et al., 2013). With this finding, we can conclude that while a “way of doing” and “way of being” are overlapping and complementary, they also contribute distinct benefits to the counseling process. Furthermore, in a sample of participants who identified as Black and were currently in counseling (Note: no information is reported about their counselors’ demographics and so the specific cultural difference being examined is undefined), CH had significant associations with counseling outcomes through an indirect effect of working alliance scores on client improvement (measured by the Patient’s Estimate of Improvement, PEI, Hatcher & Barends, 1996) (Hook et al., 2013). Collectively, these results underscore the importance of CH to the counseling process, with relationships to

well-established agents of client change. However, neither of these studies contained a precise description, from the client or the researchers, about how CH was operationalized or communicated in sessions. In other words, these studies provide broad evidence for the benefits of cultural humility without more specifically outlining what culturally humble *clinicians said or did* in session, much like the status of the MCC literature. In order to build on this foundation, counselor educators and scholars should begin to outline how counselors can display CH and behave in ways that communicate an approach orientation to cultural material.

In addition to studying the benefits of CH to counseling processes and outcomes, researchers have also examined its protective or reparative functions with respect to microaggressions and missed opportunities to discuss culture. For these studies, researchers recruited racial/ethnic minority clients who were either matched or not matched with their counselor in terms of race/ethnicity, with the majority of counselors being from a White, European dominant group (Davis et al., 2016; Hook et al., 2016). In one sample, the majority of participants-clients had experienced at least one racial microaggression throughout the course of counseling (most frequently cited as a denial or lack of awareness of racial stereotypes and refraining from discussing culture at all), confirming how regularly counselors can communicate bias by simply ignoring cultural factors (Hook et al., 2016). Significantly, those clients rating their counselor as higher in cultural humility reported that racial microaggressions happened with less frequency and had less of a subjective impact (Hook et al., 2016). In a related study of racial/ethnic minority clients' experiences, researchers connected the commitment of racial

microaggressions with diminished counseling outcomes as measured by the *PEI* (Davis et al., 2016). Moreover, clients' ratings of their counselors' cultural humility mediated the relationship between negative emotions arising from microaggressions and poorer counseling outcomes (Davis et al., 2016). In both studies, the reparative benefits of cultural humility were evident in that counselors who were more culturally humble created a buffer for the harmful effects of their microaggressions. Again, however, we do not currently have a specific understanding of how cultural humility was employed in conversations meant to repair ruptures following a racial microaggression.

The theorized synchrony between cultural humility and cultural (missed) opportunities and their effects on counseling outcomes have also been substantiated in the literature. In one study (Owen et al., 2016), researchers sampled participant-clients at a university counseling center (their counselors were both majority White and identified as women, with Asian-American as the leading minority race/ethnicity among clients), where again the specific dimension of culture that was salient or constituted a difference for the dyad remained undefined. Across these dyads, researchers found that clients' ratings of counselors higher in cultural humility had a significant positive association with clients' improvement following counseling as measured by the *PEI* (Owen et al., 2016). Conversely, when clients rated their counselor as missing more opportunities to discuss culture, there was a negative association with client improvement, suggesting that this behavior of missing or avoiding cultural content was detrimental for clients' counseling experience (Owen et al., 2016). A significant interaction effect of cultural humility and cultural missed opportunities was present such that counselor cultural

humility moderated the consequences of missing moments to discuss culture in session. As expected, there was a negative association between missed opportunities and client well-being for counselors rated with lower cultural humility, and an absence of the association between missed opportunities and client well-being for counselors with higher cultural humility (Owen et al., 2016). These findings demonstrate the clinical benefits to approaching cultural topics in session with a disposition of openness and curiosity. Clients working with counselors higher in MCO reported that counseling was more productive and they enjoyed more success in their overall functioning and relief from symptoms following counseling. This collection of studies converge on MCO's relevance for the counseling field, yet, again, do not specify what MCO looks like in the counseling interaction. Turning towards a focused description and analyses of cross-cultural counseling skills consistent with MCC and MCO will help practitioners better understand how to engage in such behaviors to benefit their clients.

Cross-Cultural Counseling Skills

Multicultural scholars made the case for developing and using culturally responsive skills in the original tripartite model of multicultural counseling (Sue, Arredondo, & McDavis, 1992; Sue et al., 1982). Within the recent MSJCC, counselor skills (and now action) continue to be a prominent feature (Ratts et al., 2015). A review of the skill-based competencies, however, demonstrate how they are, perhaps intentionally, abstract and vague. In this way they are both applicable to a broader range of clients and counseling situations *and* difficult to translate into actual practice. To illustrate, the following skills are taken directly from the MSJCC, with one from each of

the relevant domains (the Counseling and Advocacy Interventions domain is not broken down into attitudes, knowledge, skills, and action):

1. Acquire application skills to interpret knowledge of their [counselors'] privileged and marginalized status in personal and professional settings (Counselor Self-Awareness, p. 6)
2. Acquire culturally responsive conceptualization skills to explain how clients' privileged and marginalized status influence their culture, worldview, experiences, and presenting problem (Client Worldview, p. 8)
3. Acquire assessment skills to determine how the worldviews, values, beliefs, and biases held by privileged and marginalized counselors and clients influence the counseling relationship (Counseling Relationship, p. 10)

From my reading, it seems that the skill competencies provide more of a guideline or goalpost for counselors to work towards rather than a set of specific actions that counselors can take in order to arrive there. For instance, what are the “application skills” referred to in the first competency and how will counselors know when to utilize them? Do the particulars of the situation necessitate different application skill sets (e.g., cognitive, behavioral, emotional) from the counselor? Should the counselor consider making these “applications” in session verbally with clients or outside the session in some form of structured self-reflection? The competencies themselves might not be the appropriate forum for this type of recommendation or discussion because they are brief and theoretical in order to be generalizable and transferrable. Ultimately, it falls to

scholars, counselor educators, supervisors, and counselors to outline, practice, and test specific “application skills” to provide the detail and empirical backing necessary to implement such skills. In other words, while having a guideline to follow is helpful, more detail is required to properly scaffold teaching and learning the behaviors that will advance these aims.

Thus, a dilemma exists in that the field has recognized the need for developing effective cross-cultural counseling skills, but has not yet taken steps to adequately meet this need. This dilemma is illustrated in several ways. First, some scholars have argued that the relative overemphasis on attitudes and knowledge is tied to the fact that these domains are easier to effect change in, while skill domains require a much greater investment to develop (Alberta & Wood, 2009; Priester et al., 2008; Sue, 2011).

Although counselor awareness and knowledge are often painted as precursors to implementing culturally responsive skills in session, there are growing concerns that this progression does not happen automatically (i.e., documented lags in MCC skills when knowledge and/or awareness increase, Collines et al., 2015) and that greater attention to skill development is required (Alberta & Wood, 2009; Collins et al., 2015; Pieterse et al., 2008; Sue, 2001). Second, there is a documented lack of attention to the skills of effective cross-cultural counseling in training programs, identified in two separate studies analyzing multicultural course syllabi (Priester et al., 2008; Pieterse et al., 2008). Priester and colleagues (2008) compared instructors’ relative emphasis on awareness, knowledge, and skills in their courses, with the conclusion that building knowledge is practically universal (84% of syllabi had high mentions of this domain), compared with 41% of

syllabi with a strong focus on awareness, and 12% with high mentions of skills (Priester et al., 2008). In a complementary study, Pieterse and colleagues (2008) found that the vast majority (96%) of syllabi sampled addressed all components of the tripartite model (awareness, knowledge, and skills) in the course mission statement, with multicultural skills facing a significant drop-off in emphasis when examining the actual content of the course (e.g., only 13% of syllabi included topics on engaging in social justice advocacy, a commonly discussed skill domain). In both studies there is a discrepancy between the field's professed interest in providing culturally responsive counseling and the ability to enact these ideals with specific skills to be experienced by clients.

Third, beginning counselors themselves have acknowledged the gap in skills training with respect to multicultural and social justice counseling, expressing concerns that this translates into having a limited skillset to apply with diverse clients (Collins et al., 2015). Counselor trainees have noted that they would have preferred additional class time focused on interventions consistent with a multicultural and social justice orientation and more opportunities to practice them (Collins et al., 2015). One student called for counselor educators to “teach ways in which we can help establish a better system rather than perpetuating the current system” (Collins et al., 2015, p. 158). With this statement (that runs parallel to the goal statement of the first iteration of MCC; Sue, Arredondo, & McDavis, 1992), it appears students are clamoring for action strategies with concrete impacts. The skills gap is also mirrored by observer ratings of counseling sessions, with one sample showing lower ratings of advanced counselor trainees' multicultural counseling skills compared with their general counseling skills (skills were measured

with trained observer ratings on the Counselor Skill and Personal Development Rating Form, CSPD-RF, Cates, Schaeffe, Smaby, Maddux, & LeBeauf, 2007).

Finally, training in culturally responsive counseling skills may also help beginning counselors manage the challenging emotions raised in the process of building awareness of culture, privilege, and oppression by suggesting tangible actions that are arguably less complicit with social injustices (Collins et al., 2015). Guilt, nervousness, and even reactance have been widely documented in multicultural counseling courses (Buckley & Foldy, 2010; King, Borders, & Jones, in preparation), particularly for White trainees (Paone, Malott, & Barr, 2015; Pieterse, Lee, & Fetzer, 2015). Counselor educators have a stake in managing such emotions in order to advance students through a productive learning process and build tolerance for enacting MCC and/or MCO, even when doing so can feel uncomfortable for trainees (King, Borders, & Jones, in preparation). In fact, having emotional reactions to learning about culture and power may even strengthen motivation to act on such learning (King, Borders, & Jones, in preparation; Tummala-Nara, 2009; Spanierman, Poteat, Wang, & Oh, 2008). For instance, the presence of some level of guilt actually increased White counselors' attention to culture in case conceptualizations (Spanierman et al., 2008). At first glance, the potential for both desired and undesired outcomes associated with emotional reactions to multicultural learning appears contradictory. However, it seems that the effect of these emotions on counselors' self-perceived MCC is more positive when instructors are responsive to student reactions and concurrently describe skills and tools with which to address culture and power with clients (Collins et al., 2015; Spanierman et al., 2008;

Tummala-Nara, 2009). Unfortunately, students still describe gaps in skills training (Collins et al., 2015) and scholarly work outlining skills training tends to be broad and abstract. Taken together, it is clear that the counseling field must do a better job of preparing counselors to engage diverse clients with specific culturally responsive strategies in place of more vague and aspirational prescriptions. Accordingly, scholars continue to call for research on “processes and events” in cross-cultural counseling (Coleman, 2006; Fuertes et al., 2002, p. 764) in an effort to assist the profession in advancing from “theoretical concepts into usable therapy techniques” (Knox et al., 2003, p. 466). One such skill or technique that has a growing literature base is broaching.

Broaching Cultural Factors in Session

Theoretical Foundations

Broaching is receiving growing attention, perhaps precisely because it is a more concrete skill that offers a bridge between counselors’ growing appreciation for cultural factors and the desire to act accordingly in session. Prior to becoming a coined term, broaching was referred to as discussions about culture, especially race/ethnicity, for the purpose of communicating sensitivity to these factors and raising culture as a viable topic for counseling (e.g., Fuertes et al., 2002; Thompson, Worthington, & Atkinson, 1994). Cardemil and Battle (2003) began to use the word “broach(ing)” in their 2003 article in which they advocated that counselors begin having discussions about race and ethnicity early on in the course of therapy. They also provided a number of recommendations to practitioners, including checking assumptions about clients, their families, and presenting concerns; exploring how race differences and power imbalances between counselor and

client might interact in the counseling process; broaching even when hesitant or doubtful about its relevance; and continuing to learn and grow as a counselor with respect to culture (Cardemil & Battle, 2003). Their recommendations seem to combine the strengths of the MCC and MCO, such that “doing” the self-reflection and dialogue is matched with “being” humble and curious.

Day-Vines and colleagues (2007) have since expanded on Cardemil and Battle’s (2003) foundation, describing broaching as an example of the counselor assuming responsibility for acknowledging and probing how cultural factors play out in the counseling relationship, an original multicultural counseling competency (per Sue, Arredondo, & McDavis, 1992). They added that, instead of merely offering a critique of counseling that is not responsive to culture and power, the broaching construct provides a tangible, alternative practice (Day-Vines et al., 2007). Broaching is also described as being employed with an open and flexible disposition that seeks the client’s self-definition and input into their needs and preferences for the treatment process (Day-Vines et al., 2007). Broaching practices, then, involve approaching moments to discuss culture in a similar fashion to Owen and colleagues’ (2016) description of the cultural opportunities facet of MCO, although in Day-Vines and colleagues’ formulation counselors are also implored to “initiate” in addition to merely responding to a discussion of “cultural stimuli” (Day-Vines et al., 2013, p. 211). Overlap between the definitions of broaching, the MCO cultural humility disposition, and the MCC goal of integrating client identities into treatment considerations render this skill especially promising (Hook et al., 2013; Sue, Arredondo, & McDavis, 1992).

A relatively new measure of broaching attitudes and behaviors (BABS; Day-Vines, Bryan, & Griffin, 2013) marked an important step in defining this construct. Counselors' broaching attitudes and behaviors are conceptualized along a continuum - with increasing commitment to the rationale for broaching, more regular engagement in broaching behaviors, and infusion of a critical consciousness and social justice orientation. This continuum ranges from avoidant (i.e., "colorblind" approach), to continuing/incongruent (i.e., more consistent broaching efforts although "awkward" and stagnant), to integrated/congruent (i.e., initiating and responding to cultural opportunities in session with comfortable, open stance), and finally to infusing (understanding of impact of sociocultural and sociopolitical realities associated with group membership and actively engage in social justice efforts) (Day-Vines, Bryan, & Griffin, 2013; Day-Vines et al., 2007). These levels also shed light on how the various ways that broaching is enacted correspond to broaching as a skill, technique, or orientation, suggesting that broaching is seen as both a skill in and of itself and an umbrella term for a range of skills.

Items on the BABS (Day-Vines et al., 2013) capture this progression with respect to the counselor's perceptions of its relevance ("The client's race doesn't matter because good counseling is good counseling"), comfort in broaching ("Sometimes I have difficulty identifying facilitative responses once the client begins to talk about racial and cultural issues"), general broaching practices ("I generally broach racial and cultural factors throughout my counseling sessions with clients"), and connection between broaching, the self, and broader sociopolitical forces ("As a counselor, I am socially/politically committed to the eradication of all forms of oppression") (though

these categories are not loaded into these factors). Along this continuum there is increasing integration of broaching into the person of the counselor, moving from the application of a required skill to the adoption of a culture-centered stance (akin to the construct of MCO). Within the BABS, one would hope that items operationalizing broaching would make clear its components. In reading the scale, however, counselors and counselor educators do not gain knowledge of specific components of broaching statements; rather, they can determine that such conversations are pursued with different levels of frequency and at varying times within the course of counseling (e.g., for some it is absent, others make a single statement as a kind of “check-mark” for completion, while others still integrate broaching throughout the counseling process with increasing comfort and sophistication). For example, consider the following item: “When I am working with a person of color, I broach issues of race and ethnicity several times throughout the course of the counseling relationship” (Day-Vines et al., 2013, p. 216). It is implied that broaching behaviors should occur when working with diverse clients and that they should occur at multiple points. It remains to be seen, however, what the varying goals of broaching at various time points could be as well as what to say when approaching these conversations with clients.

As if in response to this need, Day-Vines and colleagues recommended that counselors at lower levels along the continuum of broaching behaviors “rehearse culturally sensitive broaching verbiage” in supervision (Day-Vines et al., 2013, p. 220). This suggestion makes sense in the context of their description of avoidant or continuing/incongruent counselors: they fear that they will offend the client, reveal their

personal biases, feel unpleasant emotions or discomfort, lack self-efficacy, and have limited skill sets for broaching (Day-Vines & Holcomb-McCoy, 2013). Rehearsing broaching statements, then, might ease counselors' worries and provide the tangible building blocks that make up broaching statements, anticipating common questions about *how* and *when* to broach with clients. Moreover, in Day-Vines et al.'s (2013) study of the BABS, White counselors and counselors with fewer years of counseling experience rated themselves as higher in the avoidant and continuing/incongruent attitudes and behaviors (Day-Vines et al., 2013). Clearly, there is a need to scaffold the requisite skills under the broader umbrella of broaching in order for counselors to more effectively integrate broaching statements into their practice.

One particularly important time to broach, especially for counselors of dominant cultural groups, is within the first counseling session with a minority client (Jones & Welfare, 2017). From this base, counselors can develop their repertoire for having cultural conversations and following through about the information gleaned from them, potentially growing in their ability to think complexly about their clients, themselves, and cross-cultural counseling processes (Day-Vines et al., 2013; Day-Vines & Holcomb-McCoy, 2013). The majority of empirical research to date is focused on this particular broaching situation, carried out by a counselor or psychologist in the intake session or very early on within the counseling relationship (recommended within the first two or three sessions).

Benefits to Broaching

Multicultural counseling scholars have purported that counselors who pursue direct conversations about a client's identity and experiences of oppression can help to relieve client feelings of distress, build client resilience and empowerment, and strengthen client decision-making and the use of effective coping strategies (Cardemil & Battle, 2003; Day-Vines et al., 2007; Day-Vines & Holcomb-McCoy, 2013). These outcomes might be expected in the context of broaching as a form of client validation and a more accurate perception of the contextual factors shaping clients' lived experiences and presenting concerns. However, it appears that many of these assertions are primarily theoretical or anecdotal in nature (Day-Vines & Holcomb-McCoy, 2013) (the authors cited an unpublished doctoral dissertation which may begin to provide empirical support for some of these broaching outcomes). Rather than outcomes, however, most existing empirical research (e.g., Fuertes et al., 2002; Knox et al., 2003; Thompson & Alexander, 2006; Zhang & Burkard, 2008) has instead documented improvements to counseling process variables, particularly the therapeutic relationship, following counselor and client discussions of racial/ethnic differences. Importantly, all of these studies contained broaching statements that were either undefined or only lightly sketched out; in other words, it is not clear *how* counselors formed the broaching statement nor *when* they delivered it in the course of the initial counseling sessions. In addition, many of these studies were conducted without the specific terminology of broaching (i.e., researchers studied direct conversations about race, racism, and racial differences in counseling- the essence of current broaching definitions) and from the perspective of the clinician rather

than the clients' perceptions of or reactions to the broaching behavior. In presenting the following collection of studies, I will illustrate both their contributions to knowledge of broaching and their limitations, particularly in terms of providing clinicians with a clear path towards effective broaching in sessions.

In a widely cited initial study of broaching race with clients, Thompson, Worthington, and Atkinson (1994) paired Black female clients with a White counselor or Black counselor who either represented a cultural content orientation or universal content orientation. Counselors who were oriented towards cultural content both named and extended this element of a client disclosure at least three times in the roughly 45-minute quasi-counseling session. In contrast, universally oriented counselors were described as de-emphasizing culture by attending to shared aspects of human experience, again a minimum of three times throughout the session. In the context of Thompson et al.'s study, this was operationalized in the following ways: in a client disclosure about feeling isolated on a college campus as a Black female, counselors in the culturally oriented condition responded to the experience of being a minority in an environment where racism plays out (e.g., "As a Black student..."), while the universally oriented counselor emphasized feelings of loneliness common to the college experience (e.g., "As a student..."). These designations for content orientation seem to match up with the newer, empirically validated, concept of MCO in that they illustrate varying degrees of prioritizing culture in session. Thus, in this study broaching was considered as attending to race throughout the session when it was raised by the client, as opposed to counselor initiation of racial/ethnic or cultural topics. The researchers found that the culturally

oriented counselors elicited client self-disclosures with more depth and that these clients were more willing to “self-refer” and continue working with their assigned counselor (Thompson et al., 1994). There was not, however, a significant impact on client-participants’ perceptions of counselor credibility or number of client disclosures by condition. Finally, clients who scored higher on a measure of cultural mistrust disclosed the least to White counselors, regardless of treatment condition. Collectively, these findings offer evidence for the role of the counselors’ race and client variables, in this case mistrust, in shaping clients’ experience in cross-racial counseling. However, it is problematic that the researchers did not provide additional information about *how* these statements were formed or *when* they were delivered, as well as variations in frequency across counselors and how the session focus shifted thereafter. Again, these orientations and corresponding counselor statements seem to reflect a minimal kind of broaching that is not necessarily theoretically informed. Indeed, the counselor did not initiate or seem to probe deeper into race related statements. However, this study’s results did suggest that counselors could begin to improve a client’s experience by verbally acknowledging culture throughout a session.

A somewhat more naturalistic version of this study was conducted by Thompson and Alexander (2006) when they tested the effect of a single broaching statement during intake with volunteer counseling clients who identified as African-American. Instead of manipulating conditions based on whether or not counselors responded to cultural content raised by the client, in this study conditions included working with (a) White counselors who made a broaching statement in the first session or with (b) White and (c) Black

counselors who did not broach race in the first session. What's more, their broaching statement had more overlap with current definitions of this skill per Cardemil and Battle (2003) as well as Day-Vines et al. (2007) (though this was published the after the study came out), in that the counselors proactively acknowledged racial differences, the role that this could have in the counseling relationship, and solicited client comments, questions, and future discussions about race. Out of the 44 total client-participants, only four proactively raised the topic of race themselves, three of whom were working with a Black counselor and one of whom was working with a White counselor on a racially charged presenting concern. These moments of client-led broaching add support to the idea that race, while it is often a core aspect of identity for members of a minority group, is particularly difficult for clients to discuss in cross-racial interactions.

The researchers (Thompson & Alexander, 2006) also found that clients working with African American counselors indicated having higher understanding, acceptance, and belief in the utility of strategies used by their counselor (called overall perceptions of counseling measured by a Therapy Rating Scale modified by the researchers) compared to those working with White counselors. Surprisingly, whether or not White counselors discussed race in the initial session did not alter this effect. Despite this, there were no differences in treatment outcomes (e.g., changes in number or severity of symptoms) or number of sessions attended by therapist race. These results suggested that client perceptions of counseling might be more tied to counselor race than whether or not the counselor explicitly addressed race. It also could be that clients seen by both White and Black counselors had similar outcomes as an artifact of the volunteer nature of the

sample: these clients might have been more willing to continue with sessions despite negative perceptions of the counseling process compared to clients in community settings facing additional barriers to treatment. Further, the arrangement of conditions in this study was limiting; the researchers looked at the effect of one race-related exchange made in an initial session, without further attention to precisely how this initial comment was made, how the follow-up conversation unfolded, and other relevant client and counseling process factors. It is entirely plausible that the effect of the initial broaching statement, however meaningful it was, simply “wore off” throughout the course of counseling, as the outcome measures for this study were collected after the tenth counseling session or at the conclusion of the counseling relationship. More research is needed that documents and validates a specific approach to discussing race, race difference, and racism with attention to process variables (e.g., working alliance), client variables (e.g., relevance of race), as well as the ongoing nature of broaching in counseling.

In a foundational qualitative study, Knox et al. (2003) extended investigations of cross-racial counseling dyads and racial dialogues to include a comparison between African-American psychologists working with European-American clients and European-American psychologists working with African-American clients. In general, the psychologists surveyed reported that, when race was “addressed” in therapy (p. 473), it had a positive effect on the relationship and genuine connection between therapist and client (Knox et al., 2003). In the context of the study, “addressing” race appeared to take on a variety of inconsistent forms; psychologists differed in their perspectives on their

responsibility for initiating racial conversations, appropriate timing, and the goal of raising race with clients. African-American psychologists noted the negative effects of not discussing race as diminishing their ability to accurately conceptualize and treat their clients, while their European-American counterparts were less aware of potential negative outcomes of not addressing race early on with their clients. Instead, European-American therapists expressed concern that discussing race could alienate their clients or draw attention to racial differences in a harmful way if race/ethnicity was not immediately relevant to the client's presenting concern. The European-American therapists noted a tendency to wait for clients to raise race in order to address its influence on the counseling process and relationship. The concerns of European-American therapists stands in stark contrast to a typical theme raised by African-American therapists: in addition to addressing race when it is relevant to the client's counseling concern and the counseling relationship, most Black clinicians reported addressing race as a matter of course with all of their clients of color. Although the frequency and the context of racial dialogues differed between European-American and African-American clinicians, we again see the perceived benefits of having such conversations. In light of the perceived benefits to broaching, it seems surprising that the White therapists in this study expressed such hesitation and uncertainty about whether or not race and racism were more widely relevant to clients of color as well as whether or not these topics should be discussed.

In another seminal qualitative study of successful cross-racial dyads, researchers interviewed psychologists who indicated having an explicit conversation about race

within the first two counseling sessions (Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002). The European-American psychologists participating in this study noted that “success” with their African-American clients meant that they perceived their clients to have greater trust in their credibility and clients were willing to self-disclose more in sessions. Both of these positive developments served to strengthen the therapeutic relationship in terms of building trust and rapport. Additionally, these European-American psychologists saw their broaching efforts supporting client satisfaction with services and client attendance of a greater number of counseling sessions (Fuertes et al., 2002). Overwhelming, psychologists in “successful” cross-racial dyads also reported their preference to have a discussion about race, racism, and/or race difference within the first two sessions, even if the end result was only to demonstrate their willingness to discuss such topics and race did not have direct relevance to the client’s perception of their presenting concerns (Fuertes et al., 2002). Though the researchers noted that the depth and duration of these racial dialogues varied across participants, they provided no additional information about their variable course and impact. More work is required to unpack some of the ambiguous themes across participants, including “being direct but sensitive” to racial issues and possessing a “sense of timing” (Fuertes et al., 2002, p. 772).

A quantitative study examining therapists’ perceptions of the impact of racial discussions with racially different clients (this sample included both White counselors and counselors belonging to minority racial/ethnic groups) yielded consistent results: therapists who reported discussing race with a particular client also reported a higher

rating of the working alliance with that client, compared to those who did not discuss race with a particular client (Zhang & McCoy, 2009). In this study, whether there were discussions of race and race difference was recorded from participating counselors following the third session with their client with a dichotomous “yes” or “no” response to the question, “Did you discuss the racial differences between your client and yourself during the counseling session?” (Zhang & McCoy, 2009). Using the metric of presence or absence of racial discussions does not allow for more nuanced understandings of how different broaching situations or approaches to broaching differentially affect the counseling process. However, in both the Fuertes et al. (2002) and Zhang and McCoy (2009) studies, the researchers concluded that conversations about race difference have a tangible effect on counseling process and outcome - at least from the perspective of the clinician. It also seems that through participating in racial dialogues with clients, the mental health professionals in both studies grew to appreciate the intervention and view it as an influential aspect of rapport building.

In contrast to the focus on counselors/therapists’ experiences, Zhang and Burkard (2008) directly examined actual client experiences discussing racial differences within the first three sessions of cross-racial counseling. For this study, cross-racial counseling included White clients and clients from a range of racial/ethnic minority groups (e.g., African American, Asian American, Hispanics, Native Americans, Bi or Multiracial) working with a counselor who was racially dissimilar to them. Throughout the analyses, researchers compared the ratings of White clients with those of all clients of color on their ratings of counselor credibility and working alliance. To examine the effect of

broaching racial differences, clients indicated the presence or absence of a dialogue about race (i.e., “Did you counselor discuss the issue of racial and ethnic difference between you and him/her during counseling?” with answer choices of “yes” or “no”) and completed inventories related to the working alliance and perceptions of their counselor. The results replicated earlier findings with similar benefits to the therapeutic relationship (e.g., it was “stronger” and more “positive”) and counselor credibility, though this was only true for clients of color. There was no benefit to the working alliance or counselor credibility for White clients seeing racial/ethnic minority counselors who broached racial differences compared with White clients seeing minority counselors who did not broach race. These findings provide additional evidence for two recurring themes in the literature: broaching race is most salient and therapeutically beneficial for minority clients, and the benefits of broaching are measurable in terms of the counseling relationship and counselor credibility. Although this study provided support for the conclusion that broaching is beneficial for clients of color, there are still many open questions about how White counselors can broach beyond merely whether or not they did. Again, researchers must now begin to tease apart questions about *how*, *when*, and *why* counselors use this technique.

In a slightly different scenario, Choi, Mallinckrodt, and Richardson (2015) studied the effect of two counselors’ broaching statements about cultural and language differences in a video-vignette experimental design. The scripted broaching statements themselves were relatively similar, though they contain different details (e.g., one counselor noted being from Quebec while the other described moving to Canada from

South Korea) and, in my estimation, different degrees of difference (e.g., the Canadian counselor assures the client that “I do speak English fluently as all the institutions I attended have been mostly English speaking” while the Korean counselor emphasizes her lack of English proficiency with statements like “English is not my native language...I have a bit of an accent...Or I may feel difficult to understand you sometimes”). The study contained four conditions (Korean counselor with a broaching statement, Korean counselor without a broaching statement, Canadian counselor with a broaching statement, Canadian counselor without a broaching statement), each depicting a counselor-client interaction within an initial counseling session, and participants (who were not clients of the featured counselors) rated the counselor they viewed on factors related to their credibility (e.g., expertness, attractiveness, and trustworthiness). Mixed results emerged: for cultural/linguistic minority counselors, presence or absence of a broaching statement had different effects on perceived interpersonal attractiveness of the counselor depending on the counselor’s nationality (Korean versus Canadian), with the Korean counselor’s attractiveness score decreasing when she provided a broaching statement. The researchers interpreted this to mean that perhaps the Korean counselor, when invoking her linguistic differences and country of origin, raised concerns for participants about their differences such that participants may have seen her as more “foreign” than the Canadian counselor. In light of the particular framing of the broaching statement (emphasizing lack of proficiency versus emphasizing English fluency) used in the broaching statements, I argue that this finding may be an artifact of the study; however these results also suggested the importance of *who* is delivering *what* broaching statement

in addition to the timing of the broaching statement (as both vignettes were presented in the first “counseling session”) on perceived counselor credibility. This study also introduced a unique methodological contribution to the broaching literature, wherein the researchers had more experimental control, meaning that the content of the counseling session was held constant minus the actual broaching statement and demographics of the counselor. Thus client-participants’ ratings were more directly providing feedback on these variables. Given the particular context of this study, the researchers seemed to suggest that highlighting cultural differences where the counselor is a minority might not enhance perceived credibility, with the caution that their broaching statements may have been too lengthy or offered too early on in the counseling session. Future researchers, then, should continue to examine how broaching is employed and received by other minority groups, both on counselor and client sides. Additionally, and in light of the challenges raised in cross-racial counseling (e.g., client expectations that the counselor will be unresponsive to reports of racism, Chang & Berk, 2009), researchers could continue to explore important components of broaching statements, applying this design in counseling relationships where the counselor is a member of the dominant racial group.

Throughout the foundational empirical work on broaching, there is a consistent limitation of having vague, undefined, or variable broaching statements. There are also challenges in generalizing and transferring findings, given the inconsistency in the counseling situation under study (e.g., counselor and client identity variables, the specific difference being broached). Instead of more specifically defining broaching statements,

with regard to *when, how, who* is delivering them and *why*, researchers have repeatedly supported the benefits to broaching race, race differences, and/or racism early on in counseling, particularly when working with minority clients. It is important to note that broaching is meant to act as a more general cross-cultural counseling skill, such that other facets of identity and their intersections are brought to the fore, as opposed to focusing on one aspect of identity (i.e., race) in a vacuum (Day-Vines et al., 2007). Despite this vision for broaching, much of the research has centered on cross-racial dyads, with scholars offering comments about extending this intervention to other identities in conceptual pieces (e.g., La Roche & Maxie, 2003). Within these studies and the conceptual work on broaching, however, there are implications for the type of stance or guiding philosophy of broaching, which should arguably inform more specific and theoretically informed studies. I will now describe agreement on these core tenets of broaching interventions, broadly defined, in order to illustrate their compatibility with MCC and MCO efforts, as well as the shared challenges that scholars of MCC, MCO, and broaching have in concretely operationalizing cross-cultural counseling skills.

Tenets of Broaching

The underlying tenets of broaching interventions that are consistently mentioned by scholars include the following: *counselor responsibility, ongoing process, dynamic identities, multiple levels, and flexible stance* (see Table 1 for representation of tenets). Beginning with logistics, first there is general support for the notion that broaching is a *counselor responsibility* to initiate conversations about race/ethnicity, culture, and power (Cardemil & Battle, 2003; Day-Vines et al., 2007; Day-Vines et al., 2013; Fuertes et al.,

2002; Knox et al., 2003; Jones & Welfare, 2017; Thompson & Alexander, 2006). Many scholars have cited the power differential between counselor and client, particularly if the counselor belongs to a dominant cultural group that is also a salient difference with the client, as an imperative for the counselor to break the prevailing “norm of silence” about experiences of marginalization (Day-Vines et al., 2007; Jones & Welfare, 2017, p. 50). Further, it is recommended that these conversations involve an *ongoing process*, beginning upon meeting with a client for intake and extending beyond the first session whenever relevant or meaningful (Cardemil & Battle, 2003; Day-Vines et al., 2007; Fuertes et al., 2002; Knox et al., 2003). Some scholars have written with a sense of urgency about the need to broach in the first counseling session, citing the 50% attrition rate for racial/ethnic minority clients following the first contact with their practitioner as ample motivation for beginning explicit conversations about the role of race/ethnicity and culture (Cardemil & Battle, 2003; Day-Vines et al., 2007; Jones & Welfare, 2017). Throughout descriptions of initial broaching statements, it seems that broaching can take on a number of different forms, though each is meant to enhance the therapeutic relationship at the start of counseling (Day-Vines et al., 2007; LaRoche & Maxie, 2003) by communicating sensitivity to issues of culture and power, acknowledging the impact of cultural difference in the therapeutic encounter, checking for understanding, and fostering validation and connection with intimate parts of the client.

Although the need for an initial broaching statement is clearly articulated, discussion of the goal or focus of such a statement has varied (e.g., to gather information about the client, to address process issues in the therapeutic relationship). This variation

makes clear that broaching is meant to be an *ongoing process* (the second tenet) that occurs at multiple junctures throughout the counseling experience (Cardemil & Battle, 2003; Jones & Welfare, 2017; Thompson & Alexander, 2006). In fact, of the example broaching statements contained in academic articles on broaching (for examples see Cardemil & Battle, 2003; Choi et al., 2015; Day-Vines et al., 2007; Jones & Welfare, 2017), many of them make space for continued reflection and the need to revisit culture throughout counseling (e.g., “I am always open to talking about these topics whenever they are relevant.”; Cardemil & Battle, 2003, p. 281). This makes sense, given that clients will raise new cultural material throughout the counseling process (i.e., in the form of their evolving goals for counseling, their supports and resources). Cardemil & Battle (2003) described how the *ongoing process* stemming from the initial broaching statement can vary greatly by client with respect to their level of trust in the relationship, their understanding of themselves as racial/ethnic beings (i.e., race centrality), and the salience of race/ethnicity for the situation of counseling. With these multiple client factors and the knowledge that the focus of counseling shifts as treatment progresses, counselors are urged to continue monitoring and openly discussing the relevance of these factors throughout their work with clients (Cardemil & Battle, 2003; Day-Vines et al., 2013; Thompson & Alexander, 2006).

Throughout descriptions of the more theoretical and aspirational components of broaching, scholars have implored counselors to attend to the *dynamic identities* (tenet 3) of the client and counselor as well as the *multiple levels* (tenet 4) on which culture and power operate. Scholars have highlighted the importance of conceptualizing identity as

dynamic through discussions of intersectionality, avoiding assumptions about the cultural groups a client belongs to, and seeking out the client's own perspective on within-group differences and their own idiosyncrasies (Cardemil & Battle, 2003; Fuertes et al., 2002; La Roche & Maxie, 2003). Intersectionality refers to the overlap between salient cultural identities (e.g., White, lesbian, woman) and how these identities are actually mutually constitutive or can create wholly different experiences of any one category of identity (Williams & Barber, 2004). With respect to broaching race/ethnicity, attending to intersectionality involves allowing for the conversation to explore related identities (e.g., woman) and oppressions (e.g., sexism) (Chang & Berk, 2009; La Roche & Maxie, 2003; Fuertes et al., 2002). In moving with clients' descriptions of their identities and experiences of privilege and/or oppression, it is important to probe for the meaning and salience of these factors to them (La Roche & Maxie, 2003). Given that much of multicultural training is presented from a social group perspective with an emphasis on cultivating knowledge about these groups (Priester et al., 2008), counselors should be careful to avoid overgeneralizing their learning to every client of that demographic by both attending to patterns among members of a particular demographic as well as individual differences in experience (e.g., mistrust of health professionals can be culturally inscribed for African Americans in the United States *and* individual clients will also have varying levels of mistrust or personal experiences that confirm or refute this). It seems that managing these nuances in forming a broaching statement is challenging and requires the counselor to balance multiple perspectives (e.g., emic versus etic), and, even more, to be guided by the client's needs in that particular moment. Perhaps for this

reason, very few sample broaching statement across articles contain an acknowledgement of intersectionality or oppression (see Jones & Welfare, 2017 for an example statement that includes mention of gender and family structure in addition to race; see Cardemil & Battle, 2003, p. 282, for inclusion of the language of “prejudice” and “discrimination” in an example statement). Instead, these multiple identities, oppressions, and their interaction might more readily surface through continued exploration and dialogue (Fuertes et al., 2002).

Additionally, many scholars have underscored the need to anticipate and respond to systemic forms of racism and other oppressions in addition to individual level experiences of identity (Cardemil & Battle, 2003; Day-Vines et al., 2007; Fuertes et al., 2002). In other words, broaching on *multiple levels* will involve both an individual and systemic conceptualization of culture and power. Informed by the *dynamic identities* component, it is important to also balance conceptualizing the client as a unique individual as well as a member of multiple cultural groups with shared histories and experiences. Broaching statements should reflect counselors’ developing critical consciousness and practice of reflexivity with respect to their own positionality (Fuertes et al., 2002; Harley, Jolivet, McCormick, & Tice, 2002). Scholars have urged counselors to acknowledge power, how it has been allocated historically, and the way in which counselor and client might have come to this knowledge (e.g., training versus life experience) (Day-Vines et al., 2007; Harley et al., 2002). Clinicians surveyed in one study pointed out that the most meaningful broaching interventions involved validation of racism as a force that can be potent in a client’s life (Fuertes et al., 2002). Incorporating

statements about the structural and systemic nature of racism establishes a kind of common ground and can free up space to consider a person's individual relationship to these forces, as well as action that extends beyond the individual (e.g., advocacy) (Fuertes et al., 2002; La Roche & Maxie, 2003).

Throughout descriptions of broaching there is also an emphasis on openness and flexibility in order to move away from assumptions and communicate receptivity to the clients' self-disclosures. Scholars have alluded to this *flexible stance* (tenet 5) in urging counselors to accept the client's response and allow the client to determine the direction and pacing that the broaching conversation takes (e.g., Cardemil & Battle, 2003). This might look like posing a question about the client's interest in further discussion after making a broaching statement (e.g., "Is that something you'd feel comfortable talking about?" Cardemil & Battle, 2003, p. 279). Additionally, this openness is paramount in tough conversations about oppression, where counselors might not have a shared experience or even feel some defensiveness. As a specific example, Fuertes and colleagues (2002) described a theme of White counselors advocating for accepting the reality of racism and joining with African-American clients' in their anger towards racism as opposed to assuming a more defensive posture (Fuertes et al., 2002). Much like with the application of other counseling skills, the counselor is required to be flexible and mindful about *when* and *how* to apply this skill in a way that responds to the client's needs in that moment.

Table 1. Broaching Tenets

Component	Description
<i>Counselor responsibility</i>	<ul style="list-style-type: none"> -Counselor introduces or actively responds to racial/ethnic and other cultural topics -Counselor leads by introducing broaching statements as the relationship is forming with the initial statement ideally occurring within the first session
<i>Ongoing process</i>	<ul style="list-style-type: none"> -Counselor revisits topics raised in initial broaching statement -Counselor responds to new, culturally relevant material as it emerges
<i>Dynamic identities</i>	<ul style="list-style-type: none"> -Counselor considers clients' intersectionality -Counselor avoids assumptions about the cultural groups clients belong to -Counselor seeks client perspective on within-group differences and their own idiosyncrasies
<i>Multiple levels</i>	<ul style="list-style-type: none"> -Counselor acknowledges both individual and systemic levels of identity and culture -Counselor include analysis of privilege and oppression in their broaching efforts
<i>Flexible stance</i>	<ul style="list-style-type: none"> -Counselor allows for clients to determine the direction of broaching conversations -Counselor poses questions to better understand clients' experiences

Gaps in the Implementation of Broaching Tenets

Given that researchers have alternatively described broaching as a technique, an intervention, a skill, an orientation, and a lifestyle (Cardemil & Battle, 2003; Day-Vines et al., 2007; Day-Vines, Bryan, & Griffin, 2013; Jones & Welfare, 2017), it is challenging to translate these broaching tenets into concrete behaviors. The fact that these many and varied descriptors are associated with broaching belies its complexity, its potential for continued learning and integration into the self of the counselor, as well as the growing pains that accompany charting a new skill. Although the counseling field should continue advancing its vision for counseling that is empowering and reflexive

with respect to culture, counselor educators must also be able to instruct trainees in the foundational behaviors consistent with this vision (Alberta & Wood, 2009; Tao et al., 2015). The current state of the literature on broaching offers multiple, ambiguous, conceptual descriptions of broaching that likely leave counselors uncertain about how to implement this stance or skill. For instance, Owen and colleagues (2016) suggested that addressing culture in counseling sessions is its own particular process from client to client, and that this variation should be met with curiosity and a willingness to consider *when* and *how* to prioritize cultural topics. This position is honest about the complexity of cross-cultural interactions and reflects a genuine commitment to integrating culture and social justice issues that is certainly ideal. It is also a position that is challenging to teach, learn, and translate into tangible actions. Scholars must further break down the “micro-skills” and concrete behaviors that constitute broaching, in its multiple varieties, in order to progress from articulating its guiding principles to outlining precisely how to enact it.

To begin this endeavor, I have extrapolated a set of components debated in the existing conceptual and empirical articles on initial broaching statements (depicted in Table 2). The various options or levels evident in these components exemplify counselors’ - especially White counselors’ - indecision and paralysis as far as how to enact broaching in their work. They also showcase how the general broaching tenets leave unresolved questions about more concretely implementing broaching as a skill. The relationship between the tenets and the debated broaching components illustrates the difficulty in translating broad visions of ideal counseling practices into tangible actions in

session. To use an analogy, if a counselor is told to show empathy to his/her clients and in learning about empathy she/he is presented with the therapeutic benefits of empathy as well as the aspirational qualities of empathy as a powerful source of human connection and catalyst for client change, the counselor still may not understand how to behaviorally enact this quality with clients. In this case, a counselor who does not show empathy to clients might even have interest in doing so but lack the necessary training to take tangible actions to demonstrate empathy in session. Gratefully, the empathic stance that counselors are called to take on has received a great deal of attention over many years, with the result of a blueprint of sorts for enacting empathy. Underneath the broad umbrella of showing empathy is the concrete skill of accurate reflections of feeling (Hill, 2014), which can be trained with tools such as emotion charts and sentence stems. Counselor educators scaffold learning how to show empathy such that the basic mechanics are addressed prior to the development of more complex, varied reflections, or even discussions of the other factors impacting counselors' ability to show empathy to clients. Broaching, which represents the same aspirational quality of having an empathic stance with clients, also requires scaffolding to resolve ambiguity and provide counselors with a starting place from which to grow their own style and ability to read the relevant client factors in approaching cultural conversations effectively. Within the current literature there are components of broaching statements that are more concrete and can inform how an initial broaching statement is made; however, they are contentious and have not yet been articulated as such, nor have they been empirically examined. What follows is a description of these debated components of broaching interventions.

Table 2. Debated Broaching Components

Component	Description
<i>Timing</i> – debate about when to deliver the initial broaching statement	<p>-<i>Proactive timing</i> involves counselor broaching that “breaks the ice” and initiates dialogue related to race, ethnicity, and other cultural factors.</p> <p>-<i>Responsive timing</i> is counselor broaching that is triggered by a client disclosure. The client disclosure could be offered in a variety of ways and at different levels of explicitness.</p>
<i>Language</i> – debate about how specific and direct the counselor should be in raising cultural topics	<p>-<i>Pointed language</i> is direct such that the counselor is zeroing in on a specific cultural identity (e.g., sexual orientation).</p> <p>-<i>Open language</i> is indirect such that the counselor is pursuing an unfocused exploration of culture in general or factors related to cultural background (e.g., family).</p>
<i>Broaching goal</i> – debate over a focus on client content or the counseling relationship	<p>-<i>Broaching for the relationship</i> is motivated by the need to acknowledge differences between the counselor and client, their worldview, values, and experiences, as well as power imbalances in the relationship.</p> <p>-<i>Broaching for content</i> is motivated by the need to connect client presenting concerns and goals to their cultural identities and experiences of oppression as well as facilitate insight, development, and action within these areas.</p>
<i>Similarities and/or differences</i> – debate about whether or not to focus exclusively on differences or balance cultural similarities and differences in broaching statements focused on the relationship	<p>-<i>Focus on differences (broaching)</i> is consistent with the core need to improve understanding of culturally different clients. In this approach the counselor places a premium on talking about areas of dissimilarity with the client.</p> <p>-<i>Focus on similarities and differences (broaching and bridging)</i> involves the counselor identifying shared and divergent identities together in order to both focus on areas that might challenge the relationship with a base of mutual understanding/connection.</p>

Debated Components

Four commonly (and implicitly) discussed broaching components are its *timing*, *language*, *broaching goals*, and *similarities and/or differences*. First, researchers have indicated that broaching that is delivered at the “wrong time” can have a detrimental

effect, although this conclusion is provided without a clear description of what makes a time “wrong” and what harm might transpire (Chang & Yoon, 2011; Choi, Mallinckrodt, & Richardson, 2015). The debate in the literature centers on whether or not to be *responsive* to cultural topics as they arise in sessions or to *proactively* introduce these topics with clients. Owen and colleagues (2016) noted that taking up opportunities to discuss culture in session should occur as naturally as possible, without abrupt transitions and with direct tie-ins to the client’s earlier statements or presenting concerns. Relatedly, clinicians participating in research have offered the suggestion that it might be “wrong” to discuss race with a minoritized client if race is not “relevant” to their presenting concerns (Jones & Welfare, 2017; Knox et al., 2003). However, it is unclear whether or not White counselors can, or if they should, determine the relevance of race for their clients. This issue is apparent in research illuminating the trend for Black or African-American therapists to nearly always address race when working with a client of color, whereas their White or European-American therapist counterparts did not (Knox et al., 2003). White therapists might be merely minimizing the relevance of race and/or yielding to their own discomfort with racial topics. In fact, Cardemil and Battle (2003) anticipated additional barriers to appropriately timing racial dialogues, including counselor hesitation due to emotional discomfort in discussing race, preoccupation with making an offensive remark, and the decision to wait for the client to raise such topics. A more recent study of counselors’ broaching behavior has compatible findings: counselors’ disputes about *timing* of broaching often led the counselor to refrain from broaching and were linked to worries about relevance, fear of offending the client, and

counselors' comfort level (Jones & Welfare, 2017). Justifications for *responsive* timing are noteworthy because they do not respond to the concerns driving scholars to call for counselors engage *proactive timing*, namely: the power imbalance in the counseling relationship, norms against discussing race, as well as the reality that waiting for the client to initiate a cultural topic might mean that it never occurs because of this social taboo.

To further illustrate this split, La Roche and Maxie (2003, p. 182) referenced that, in some instances, it is “recommended” that the client initiate these discussions, though they did not provide additional information to aid practitioners around making this judgment. They went on to argue that, while addressing cultural differences proactively in an initial session is theoretically the soundest approach, the urgency to do so might be heightened or lowered given other client factors, such as the salience of the cultural difference in question. La Roche and Maxie (2003), in their list of ten considerations for addressing culture in counseling, cautioned that clients who are in extreme distress should probably not be presented with options to discuss culture, at least not before the immediate crisis has passed (this also, perhaps incorrectly, assumes that culture is not directly related to the crisis itself). With respect to *proactive timing*, scholars have argued that racial difference or a combination of multiple, obvious cultural differences should spur the counselor to acknowledge such differences and probe clients for their thoughts about impact on the counseling process (La Roche & Maxie, 2003). Counselor hesitation and actual practices, however, as consistently reported in the literature, present an impetus for empirically testing the *timing* component of broaching.

The counselor's language in a broaching statement is a second common yet debated component, and one with implications for the direction that these dialogues take; the controversy is over how *pointed* or *open* it should be. *Pointed language* is direct such that the counselor is zeroing in on a specific cultural identity, whereas *open language* is indirect such that the counselor is pursuing an unfocused exploration of culture in general or factors related to cultural background (e.g., family). Even the definition of broaching advanced by Day-Vines et al. (2007) raised questions about whether to broach race, ethnicity, and culture simultaneously, or to begin a dialogue with an emphasis on race, arguably a uniquely salient and socio-politically charged identity. The inconclusiveness and flexibility of the broaching definition present multiple pathways for constructing a broaching statement. Ultimately, there is a tension between referring to multiple, intersecting identities and using language that is specific enough to address particular identities. Leading proponents of broaching have positioned race as “warrant[ing] added emphasis during the counseling process because of the difficulty of addressing racial concerns relative to other aspects of one's identity...” (Day-Vines et al., 2007, p. 402). This emphasis is understandable given the body of empirical work on cross-racial counseling, disparities in access to quality mental health treatment across racial/ethnic groups, and the particular challenge White counselors have around conversations about race. Accordingly, many scholars have claimed that race and other salient cultural differences should be addressed directly with *pointed* language (Cardemil & Battle, 2003; La Roche & Maxie, 2003; Thompson & Alexander, 2006), explicitly raising the taboo topic, while clinicians have expressed a preference for leaving language *open* or indirect

in order to avoid assumptions about which identities are salient (Jones & Welfare, 2017). Taking an approach with *open* language could mean gathering information about culture and race via routine intake questions about family (Jones & Welfare, 2017), or asking a broad question about how the client identifies culturally. Additionally, when *pointed* language is used to probe about a specific cultural identity, it is important for counselors to consider how their own conceptualization of which identities “matter” most or potential countertransference might be influencing this decision (Chang & Berk, 2009; Jones & Welfare, 2017).

Within a third disputed component counselors could vary the goal of their broaching statement by either broaching for the *relationship* or broaching for *content*. *Broaching for the relationship* is motivated by the need to acknowledge differences between the counselor and client, their worldviews, values, and experiences, as well as power imbalances in the relationship in order to more effectively collaborate with the client. This goal implies that the counselor will make a self-involving broaching statement in order to address a relational, process-level aspect of the relevance of culture and power in counseling. There might be benefits to the working alliance associated with counselors disclosing their interest in learning more about the client’s worldview and sharing concerns about their own limitations in anticipating what the client needs (Fuentes et al., 2002). This suggestion is consistent with research on cross-racial counseling, in that minoritized clients appreciated counselor statements that revealed aspects of their identity in terms of reducing the power differential and engendering more warm interpersonal exchanges (Chang & Berk, 2009; Choi, Mallinckrodt, & Richardson, 2015).

By contrast, *broaching for content* is motivated by the need to connect clients' presenting concerns and goals to their cultural identities and experiences of oppression as well as facilitate insight, development, and action within these areas. Within this *broaching goal*, counselors focus on the relevance of culture for the client and do not insert themselves into the statement (i.e., there is no self-involving aspect that recognizes the counselor's positionality in relation to the client's; Owen et al., 2016). *Broaching for content* seems to be most useful for case conceptualization and treatment planning that is informed by clients' own articulation of their identity and the systemic factors affecting their presenting concern.

Theoretically, a counselor could broach for both reasons at different times in counseling (in the spirit of the *ongoing process* tenet of broaching), or involve both elements in an initial broaching conversation. Logistically, however, it is challenging to fit so many foci in the initial broaching statement itself, and counselors likely will need to narrow their goals and motivations in making an initial *proactive* broaching statement with clients. Owen and colleagues (2016) only explicitly discussed pursuing opportunities to discuss culture when brought up by the client with direct tie-ins to their presenting concern; this perhaps represents a content heavy goal for broaching (i.e., "therapist and client can engage in purposeful and meaningful dialogue about the clients' cultural identity," Owen et al., 2016, p. 31). Other scholars (Cardemil & Battle, 2003; Day-Vines et al., 2007; Jones & Welfare, 2017; Thompson & Alexander, 2006) seem to straddle both sides, with broaching goals that are open-ended, potentially encompassing both content and relationship oriented broaching. For example, Jones and Welfare (2017)

defined broaching as “a process by which counselors can bring cultural characteristics of the client and the counselor into the room and invite clients to explore the relevance of those characteristics” (p. 49). Example initial broaching statements in the literature typify both approaches as well, leaving ambiguity about which direction counselors should take in forming their own statements. This example clearly prioritizes *proactive* broaching for the *relationship*: “We’re both from different ethnic backgrounds. I’m wondering how you feel about working with a White European American woman on your concerns” (Day-Vines et al., 2007, p. 402). In contrast, this *proactive*, initial broaching statement leverages the client *content*: “Often, I ask my clients about their racial and ethnic background because it helps me have a better understanding of who they are. Is that something you’d feel comfortable talking about?” (Cardemil & Battle, 2003, p. 279). Clearly, there is a need to test this broaching component to determine which approach marks a more useful starting place for continued conversations about race, ethnicity, and culture.

Finally, the fourth debated component centers around counselors’ emphasis on *similarities and/or differences* with the client in broaching statements, with one of three possible approaches: (1) focus on similarities between the counselor and client (which might be termed bridging), (2) focus on differences (which might be termed broaching), and (3) focus on both commonalities and differences (a combination of broaching and bridging) (Chang & Berk, 2009; Maxie, Arnold, & Stephenson, 2006; Okun et al., 2017). It seems that a broaching or broaching *and* bridging framework is most consistent with the call for White counselors to address the role of race or race difference with clients of

color. Across each of the above approaches (i.e., bridging, broaching, broaching *and* bridging) there is a pull to involve the counselor in the conversation, to explore how race may affect the counseling relationship, and to acknowledge how race/ethnicity can be relevant to counseling goals and process. Given the inherently self-involving nature of the various approaches within the *similarities and/or differences* component, it is tied into moments when counselors are *broaching for the relationship*. La Roche and Maxie (2003) argued that clinicians should make an effort to identify both cultural similarities and differences, leading broaching statements with similarities and following up with differences; per newer descriptions of broaching that contrast it with bridging (Chang & Berk, 2009; Okun et al., 2017), this might be described as bridging with similarities and then broaching differences. La Roche and Maxie went on to suggest that this approach could calm clients' worries about treatment effectiveness when working with a counselor of a markedly different cultural background. In a controlled study of a broaching statement, Thompson and Alexander (2006) instructed White counselors in the racial discussion condition to acknowledge race differences and explore the potential impact this could have on the therapeutic relationship. Results indicated that this conversation did not improve clients' ratings of therapy (e.g., understanding, acceptance, and perceived benefits of therapy). In light of the LaRoche and Maxie (2003) piece, it is possible that the nonsignificant impact of this discussion on client ratings of therapy might be related to the fact that a *broaching differences* only framework was used. Perhaps using a broaching differences *and* bridging similarities framework allows for the establishment of common ground from which to comfortably explore differences.

Despite the variety of options for counselor discussion of *similarities and/or differences* in broaching statements, researchers have not yet compared the various approaches that White counselors working with minoritized clients could take in an initial, broaching statement focused, inherently, on the *relationship* (and thus having some understandable overlap with that previous component).

In large part, the lack of clarity about forming broaching statements is described by interviewed counselors who have faced barriers to using broaching skills consistently or faithfully (Jones & Welfare, 2016; Knox et al., 2003; Maxie, Arnold, & Stephenson, 2006). In a recent study of counselor broaching attitudes and behavior, Jones and Welfare (2017) found the counselors had variable preferences for the *timing* of broaching, with some reporting that the many tasks of in intake session are prohibitive, and others indicating that they wait for the client to explicitly raise cultural topics or raise the topic themselves in an indirect manner. Mirroring other literature (e.g., Knox et al., 2003; La Roche & Maxie, 2003), these counselors maintained that broaching statements should be delivered at a “natural,” *responsive* time in order to avoid offending clients (Jones & Welfare, 2017). Importantly, this perspective was often employed by counselors to justify *not* broaching *proactively* in the intake session and passively waiting for their clients to wade into the waters of cultural dialogue. Additionally, examples of broaching statements offered by these counselors (Jones & Welfare, 2017) reflected varying goals, with some focused on gathering information to better conceptualize the client (e.g., *content* focused) and others approaching the subject in terms of cultural differences between the counselor and client and their impact on the process (e.g.,

relationship focused). Counselor hesitations about when and how to broach were also in tension with their aspirational vision that a counselor should be “willing” and open to sharing about themselves, hearing from the client, and inviting the client to discuss cultural factors (Jones & Welfare, 2017). Counselors seemed to know about the possibility to engage in broaching, even perceived this skill as beneficial, yet experienced ambivalence about precisely how to do it, resulting in both variation in how it was applied and the indefinite postponement of this intervention.

Client “Broaching” and Bridging

Although broaching is a counselor behavior and the focus of this project is on how counselors can intervene in more culturally responsive ways with their clients, it is also important to consider how clients are raising culture in sessions. This area has received consideration within the literature and is presented as a client’s attempt to insert a cultural or racial identification or interpretation of events that is either different from the counselor (i.e., broaching) or shared with the counselor (i.e., bridging) (Chang & Berk, 2009; Thompson & Jenal, 1994).

In a landmark study of clients pursuing racial dialogues in counseling, Thompson and Jenal (1994) compared the experiences of Black women quasi-clients in a single session focused on the concerns of women on a college campus meeting with either a Black or White “universalist” counselor (i.e., racial factors are absent or de-emphasized in accordance with the notion that deeper elements of the common human experience should take precedence in counseling). All counselors in the study were instructed to respond to clients in race-neutral terms, even when clients surfaced racial material. The

researchers then coded session process and content, focusing on clients' prerogative to bring up race, their observed level of racial identity development, and how the counselors' universalist responses affected the session flow and affiliation with the counselor. Within their sample ($n = 24$), clients broached race in every session with a Black counselor, and only evidenced a complete lack of racial topics with White counselors (Thompson & Jenal, 1994). This finding raises questions about clients' expectations of the counselor's comfort with, interest in, or appreciation of race as a sociopolitical factor shaping the client's experience. To further support this interpretation, Thompson and Jenal observed clients making affiliative comments with Black counselors to probe how their shared racial backgrounds could influence the session content (e.g., "Do you know about the break-up of the affirmative action office?"), whereas these comments were absent with White counselors. Additionally, the researchers' coding for overall session flow and ease revealed that, when clients brought up race and their counselor responded to neutralize this statement, there were breaks in the flow and client attempts to find a new balance. Unfortunately, this new balance often looked like clients' adopting their counselor's race neutral lens (e.g., shifting from identifying themselves as 'Black student' to merely 'student'), expressing nonverbal and paraverbal frustration with fewer mentions of race thereafter, and, for those few clients who appeared to be more secure in their racial identity, continuing to discuss race as relevant despite the counselor response. Thompson and Jenal (1994) also indicated a remarkable pattern in which clients would consistently use a "filler" word such as "um" before identifying their race early on in the session. Taken together, these observations

reveal the socialized taboo on discussing race and that, for most clients who do take this risk with a counselor, they do so hesitatingly and are ready to quickly return to a race neutral or universalist presentation. These observed trends have real implications: particularly in cross-racial counseling dyads, the counselor must respond in ways that alleviate clients' anxieties about discussing their race by responding to moments when the client takes such a risk, and, even more, by preemptively raising the topic to signal its relevance. Otherwise, it is likely that client will default to the race neutral presentation that is rewarded in mainstream culture or withhold this aspect of themselves altogether.

Client bridging, or highlighting "shared social identities" (Okun et al., 2017, p. 448), surfaced as a behavior used by White clients working with counselors of color to build a counseling relationship in an initial session. The researchers implied that client bridging behaviors served to manage discomfort in working with a minority counselor, as these clients also made statements in session to challenge their counselor's credibility. In a sample of initial counseling sessions, clients working with minority counselors would "other" someone outside of the counseling relationship (although they do not provide an illustrative example), raise socioeconomic concerns, or represent other aspects of their cultural identity (e.g., religion) in attempts to join with the counselor (Okun et al., 2017).

Previous research that alludes to bridging or discussing cultural similarities presented this behavior as being engaged in by the counselor either to exclude or avoid cultural differences (Chang & Berk, 2009) or to establish common ground and credibility to ease concerns about cross-cultural contact (La Roche & Maxie, 2003). Much like with broaching, bridging can be used by the counselor or client for a variety of motivations,

some being more therapeutically beneficial and connective than others. Although client bridging is conceptualized as having an affiliative purpose, client broaching tends to feature as “testing the waters” in an attempt to gauge a racially different counselors’ openness to the role of race and racism in their lives (Thompson & Jenal, 1994). Bridging is also reflective of the pressure or pull that some clients feel to emphasize similarities in identity and experience with counselors who are racially/ethnically different (Chang & Berk, 2009; Okun et al., 2017). Further, researchers have repeatedly shown that racial/ethnic minority clients will raise racial topics more regularly and perhaps more freely with racially matched counselors (Thompson & Jenal, 1994; Thompson & Alexander, 2006). Evidently, the dynamics of broaching and bridging are dynamic and their motivations and impacts have a lot to do with the two people involved.

In light of these trends, I will describe my focus on cross-racial dyads where the counselor is White or European-American and is applying a broaching intervention with an African-American or Black identified client. Within this particular dyad, the merits of broaching have been clearly established, as have White counselors’ tendency either to engage in more comfortable cultural conversations by bridging (e.g., Chang & Berk, 2009) or to avoid cultural conversations altogether (Jones & Welfare, 2017; Knox et al., 2003). These findings render White counselors as potentially both more responsible and more unreliable with respect to broaching culture and power with clients. Indeed, Cardemil and Battle (2003) tailored their introduction to broaching for Caucasian counselors working with racial/ethnic minority clients as a result of this dynamic. In

addition to describing some particularities of this dyad, I will also discuss the importance of racial centrality and salience within broaching conversations.

Focus on Cross-Racial Dyads

Initiating discussions about race and racism is a highly relevant skill, considering growing racial diversity in the United States, the infeasibility of providing racially matched counselors to all minority clients, as well as the current sociopolitical climate where race and racism are at the fore. Certainly there is a tension between addressing intersectionality - a more diffuse, open-ended, and multi-faceted conceptualization of cultural identity - and missing opportunities to place particular attention on race as a salient, taboo social category (Day-Vines & Holcomb-McCoy, 2013). I have elected to engage a *proactive* and *pointed* initial broaching statement in response to cautions against counselors being vague or avoidant of race in particular (Helms, 2017; Jones, Welfare, & Melchior, 2017). Additionally, the state of the literature is focused on race and cross-racial dyads, illuminating the need and potential benefits of this particular broaching intervention. Specifically, researchers have investigated experiences of racial minority clients in cross-racial counseling in order to better understand potential challenges and needs. Thompson and Alexander (2006) documented Black clients' higher understanding and acceptance of the counselor's approach as well as perceived benefits of counseling when working with a Black counselor. There are mixed findings in the literature as to whether or not racially matched dyads have a greater number of counseling sessions together, with some researchers finding a moderate significant effect and others finding a

small to null effect (Thompson & Alexander, 2006). There do, however, seem to be more obvious implications for the *process* of cross-racial counseling.

In a qualitative investigation, Chang and Berk (2009) compared the experiences of satisfied and unsatisfied racial/ethnic minority clients working with White counselors. Notably, satisfied clients' description of therapy revealed that they relied on "compartmentalization" or engaging with their White counselor in race-neutral terms while simultaneously holding onto the outside relevance of race and racism in their daily lives (Chang & Berk, 2009). In fact, in this sample the difference between whether or not clients reported being "satisfied" or "dissatisfied" with the counseling services they received from White counselors hinged on the clients' use of compartmentalization. When describing their presenting problems in the research study though, these clients made contradictions: on the one hand, they said race was entirely separate from their counseling goals while, on the other hand, they described the myriad ways that race shaped both their presenting concerns and lived experiences more broadly (Chang & Berk, 2009). Client compartmentalization, then, should not be read by the counselor as a true and unproblematic assessment that race and racism are indeed not relevant to the client, their presenting concerns, or the counseling relationship. Rather, White counselors should be concerned with the ways that they interact with clients in cross-racial relationships and how they can create a space where important aspects of the client do not need to be hidden away.

Continuing this line of inquiry, Chang and Yoon (2011) interviewed racial-ethnic minority clients about their experiences working with a White, European-American

therapist to determine how the clients' thoughts about race and race difference influenced therapy. The majority of clients interviewed (19 out of the 23 total), regardless of how satisfied they were with their counseling experience, reported that race mismatch was a barrier to forming a therapeutic relationship. Perhaps explaining this difficulty were the typical themes in this sample of anticipating that their White counselor would not be able to appreciate their experiences as people of color and holding back information related to their race and culture (e.g., experiences of oppression, family and community dynamics that might be met with judgment) (Chang & Yoon, 2011). Upon further probing, these same clients expressed that, for White, European-American therapists who were "compassionate, unconditionally accepting, and comfortable talking about REC [racial, ethnic, and/or cultural]-relevant issues" (Chang & Yoon, 2011, p. 579), issues of racial mismatch faded away.

Many multicultural scholars have particularly emphasized the need to respond to clients' racial/ethnic identities, cautioning that this facet of identity is uniquely salient and controversial in the United States context (Day-Vines et al., 2013; Lynn, Jennings, & Hughes, 2013; Ladson-Billings & Tate, 2006). In terms of relevance of race/ethnicity within the counseling process, these cultural and sociopolitical factors are necessarily connected to clients' presenting concerns as well as the counseling relationship (Cardemil & Battle, 2003; Day-Vines et al., 2007). This is arguably more so the case when race/ethnicity presents an area of cultural difference between the counselor and client. Day-Vines and colleagues (2007) concluded that the significance of a clients' race/ethnicity is self-evident: race shapes every experience and interaction for minoritized

people in the United States. They also asserted that, ultimately, clients must determine whether or not they see their race/ethnicity as making a direct contribution to their presenting concern and, accordingly, the amount of focus they place on racial factors (Day-Vines et al., 2007).

Client Racial Identity

Along these same lines, many scholars have denoted racial identity salience and racial identity development as crucial client factors in considering *when* and *how* to broach (Cardemil & Battle, 2003; Day-Vines et al., 2007; Day-Vines et al., 2013; Knox et al., 2003; Zhang & McCoy, 2009). Day-Vines and colleagues (2007) suggested that counselors receive important information about the client's level of racial identity development based on the clients' reaction to counselor initiated cultural conversations. They anticipated that clients low in race salience would dismiss such conversations or prioritize other identities, clients high in racial salience and identification with their racial group might respond with more emotionality (i.e., anger in response to oppression), and clients with a "healthy sense of their racial identity" would welcome and appreciate such opportunities to discuss race and racism (Day-Vines et al., 2007, p. 408). They did not present potential negative client reactions as an argument to refrain from broaching, but more as a guide for ascertaining the client's needs and preferences moving forward. Although broaching as a matter of course in counseling was universally recommended by Day-Vines and colleagues (2007), their discussion of racial salience implied that broaching should be offered with tentative, open, yet also precise language such that counselors took responsibility for raising the taboo topic and then followed the client's

lead in developing follow-up questions, comments, or observations. In additional research (Fuertes et al., 2002), White clinicians who reported having effective cross-racial counseling relationships noted the importance of evaluating a client's racial identity development in terms of their "disposition" during discussions of race or their "ability to talk" about race in session. Again, the imperative to broach is not altered by this client variable; instead the counselors' response moving forward must be informed by the client's racial identity and developmental needs.

Racial Centrality and Salience

In examining the impact of racial identity on how clients receive a broaching statement, it is instructive to capture both a more stable, constant measure (i.e., centrality) and a more flexible, experiential sense (i.e., salience). Although racial centrality and salience are surely interrelated, they also provide distinct information that could guide a person's receptiveness or emotionality in session when racial difference is brought up. Racial centrality reflects the degree to which someone defines him or herself along racial lines as a standard, whereas racial salience refers to how a particular moment or event raises race as a relevant factor in terms of the context of the situation and tendency to identify one's self racially (Sellers et al., 1998). In working with racial/ethnic minority clients, both Black and White-identified counselors have reported having the sensation that there was an "elephant in the room" with respect to race (Fuertes et al., 2002, p. 775; Knox et al., 2003, p. 472). This suggests the salience of race in counseling; counselors perceive race and experiences of racism to matter for the counseling process. Perhaps this is especially pronounced in cross-racial dyads, given that clients selectively share

(e.g., Chang & Berk, 2009; Chang & Yoon, 2011; Thompson & Jenal, 1994), anticipate racial/ethnic barriers to being understood or accepted (Chang & Yoon, 2011), and have been shown to have less favorable views of counseling (e.g., Thompson & Alexander, 2006), all when working with White counselors. Thus, it might be more egregious when a White counselor does not raise the topics of race, race difference, or racism with a client who holds race as a central aspect of their normative self-concept.

Some of these patterns were reflected in Thompson and Jenal's (1994) study in which they attempted to glean information about Black women quasi-clients' racial identities based upon their behaviors in session with race-neutral counselors. These sessions were coded as either smooth (little to no disruption in the flow of communication), exasperated (periods of smooth dialogue with two or less major breaks that suggested the clients' hesitation or frustration), constricted (interaction with a significant amount of silence and disruption), and disjunctive (breaks in the flow of conversation brought on by the counselor, typically reflecting difficulty responding in a race neutral fashion). Smooth interactions between counselor and client were characterized by *no* discussions of race and thus determining racial identity salience or centrality was impossible (Thompson & Jenal, 1994). For exasperated type interactions, clients presented with a developing conception of themselves as racial beings and expressed the difficult emotions that surfaced on their majority-White college campus. For the single constricted type interaction, the client did not speak openly, including an absence of racial discussion, and reported on her paperwork that her negative experience stemmed from her assigned counselor's White racial identity. Interestingly, disjunctive

type interactions involved clients with strong identification with Black people who were comfortable to re-focus discussion on issues of race and racism when their counselors remained race neutral. In each of these cases, the counselor refrained from raising or responding to racially charged topics. The clients' decisions about whether and how to bring up race and then how to proceed after their counselor was unresponsive to racial topics seemed to reflect something significant about the clients' relationship to their racial identity.

The relationship between clients' racial identity and their consideration for when and how to discuss race, encourages continued research about racial identity salience and centrality and their effect on the counseling process. Moving forward, it is especially important to look at client racial identity factors in a situation where counselors themselves are bringing up or responding to racial topics. This arrangement (i.e., counselors initiating discussions about race, racism, and race difference) reflects the aspirational or ideal scenario for counselors in cross-racial dyads and will likely look and progress differently depending on the client's race salience and centrality. Incorporating race salience and centrality into a study of broaching provides a unique opportunity to see how client identity factors impact the relevance and benefits of such conversations.

Summary and Emphasis of Present Study

If counselors are striving to enhance service provision and validate the lived experiences of clients of color, counselors and scholars alike need to behaviorally define cross-cultural counseling skills that can be more readily trained and applied. Precisely *how* White counselors can craft and deliver effective broaching statements to their clients

of color remains undefined, despite the growing foundation of studies that have concluded that broaching within the initial counseling sessions has therapeutic benefits. Throughout the literature, researchers have also noted how some client factors, namely racial identity, might influence how broaching interventions are received, adding a needed consideration for enacting broaching effectively within a cross-racial dyad. Further, there is an imperative to vary the methodology used to study broaching in order to gain specificity and to seek out the perspectives of minoritized clients themselves. These advancements could provide for the development of cross-cultural counseling skills that will be useful to clients and help guide my focus on client perspectives of *proactive*, concrete broaching statements that vary in their emphasis on *similarities and/or differences* and potential *goals*.

CHAPTER III

METHODOLOGY

The absence of clear guidelines for broaching is reflective of the broader gap between multicultural counseling theory and practice. In chapter three I build on the study rationale outlined in chapter 1 and the contextual literature synthesized in chapter 2 by describing my methodology for evaluating broaching components. The methodology section thus includes my research question and hypotheses, a description of participants, instruments/variables, procedures, pilot studies, data analyses, and limitations. In seeking potential client perspectives on broaching, I hope to begin addressing questions about how this can look in session, while also making connections to important measures related to cross-cultural effectiveness.

Research Questions and Hypotheses

Research Question #1: How do potential clients' perceptions of the counselor's multicultural orientation (cultural humility and cultural opportunities), counselor's multicultural counseling competence, working alliance, and desire to continue services differ among all four conditions (1. *Proactive timing, pointed language, broaching for content*, 2. *Proactive timing, pointed language, broaching for the relationship, differences*, 3. *Proactive timing, pointed language, broaching for the relationship, similarities and differences*, 4. *Control*), and are there any differences between conditions moderated by race centrality?

Hypothesis 1: Average ratings on at least one counseling process variable (e.g., multicultural orientation, counselor's multicultural counseling competence, working alliance, and desire to continue services) will differ between at least two conditions.

Hypothesis 2: There is an interaction effect between condition and racial centrality.

Hypothesis 3: Each of the three broaching conditions (1, 2, and 3) will differ from the broaching absent, control condition (4).

Hypothesis 4: Both *broaching for the relationship* conditions (2 and 3) will differ from the *broaching for content* condition (1).

Hypothesis 5: Within the two *broaching for the relationship* conditions (2 and 3), broaching for *similarities and differences* (3) will differ from the *differences only* condition (2).

Participants

In order to solicit potential client perspectives on components of a broaching intervention, I recruited participants who self-identify as Black or African-American. Consistent with previous research on cultural humility and multicultural orientation (Hook et al., 2013; Owen, Leach, Wampold, & Rodolfa, 2011), I advance the notion that clients' experiences of counselors' use of a specific cross-cultural counseling skill (re: broaching) is significant in terms of both counseling processes and outcomes and should ultimately guide our evaluations of skill effectiveness and training. In recruiting Black or African-American participants as part of a cross-racial "counseling dyad," this project

focuses on a specific, especially salient (Day-Vines & Holcomb-McCoy, 2013; Lynn, Jennings, & Hughes, 2013; Ladson-Billings & Tate, 2006) cultural difference in the United States context. I decided to center the perspectives of Black or African-American identified client-participants given the documented disparities in counseling service access for this population (Wang et al., 2005) and the relative significance of broaching interventions for Black clients (Zhang & Burkard, 2008), coupled with the greater hesitance of their White counselor counterparts to enact this intervention (Knox et al., 2003).

Participant recruitment occurred electronically through the University of North Carolina at Greensboro's Office of Institutional Research. A staff member of this office forwarded out a recruitment email and link to the survey containing all materials (i.e., consent form, contact information for primary investigator, video, instruments) to all registered students who are Black or African American. There was a follow-up reminder email two weeks after the initial email was sent out. Participants were informed that the first ten participants who responded would receive five dollars as an incentive and that all participants, including the first ten, were entered into a drawing for a one hundred dollar Amazon gift card. An a-priori G*power analysis for a MANOVA with special effects and interactions yielded a target sample size of 105, with an average of 26 to 27 participants assigned to each of the four conditions.

Instruments/Variables

The instruments are presented in the order in which they were received by participants.

Demographics

Demographic questions were constructed by the researcher to capture a broad range of multicultural identities in the areas of race, ethnicity, gender, sexual orientation, religious affiliation, spirituality, nationality/immigration status, language, and ability. Responses to these questions are categorical with the option to provide an open-ended response for participants wishing to identify themselves in an un-listed way.

Previous Experience with Counseling

This brief set of questions was written by the researcher to gain basic descriptive information about the client-participant's previous experience with counseling. Questions include whether or not they are a current client, approximately when and how long their most recent counseling relationship was, their satisfaction with their overall counseling experience, and an indication of their presenting concern (among a checklist of general problems in living).

Desire to Continue Services

Participants were presented with a single item, *If I were the client, I would be _____ to continue counseling with this particular counselor*, and asked to respond on a 7-point Likert-type scale from "completely uninterested" to "completely interested."

Racial Identity Salience

Racial identity salience items were presented separately from the demographic questions as an introduction to the MCO scales. Participants were instructed to indicate the level of importance that their racial identity holds ranging from *1 = not at all important* to *5 = very important*. This provides a measure of salience consistent with previous research aimed at identifying an “in-the-moment” or “situational” picture of the felt importance of particular identities (e.g. Davis et al., 2013; Yip, 2005).

Multicultural Orientation (MCO)

MCO is comprised of cultural humility and opportunities to discuss culture and measured via the two subsequent instruments.

Cultural Humility Scale (CHS). The Cultural Humility Scale (CHS; Hook et al., 2013) is a 12-item inventory for clients to rate their counselor’s level of openness and responsiveness towards the client’s most salient cultural identities. In this case they will be responding to the CHS with respect to their racial identity in particular. The CHS was created to measure counselors’ “way of being” (Owen et al., 2011, p. 274) with culturally different clients such that the counselor’s philosophy about the centrality of culture in the counseling process and belief about the salience of culture in general are guiding their interactions with the client. Items are informed by the literature on interpersonal dimensions of humility given the relational nature of counseling as well as the need for the client to be able to experience when counselors enact this desired disposition (Hook et al., 2013). The creators of the measure state that cultural humility is typified by an orientation towards the other person that is respectful and egalitarian, with curiosity and a

lack of superiority (Hook et al., 2013). Researchers created an inventory of 36-items, piloted on 12 MCC experts, and factor-analyzed to retain items with strong loadings onto the two-factor solution (Hook et al., 2013). The two subscales are made up of 7-items focused on *positive* characteristics and 5-items on *negative* characteristics. The positive scale refers to the counselor demonstrating “genuine interest” and creating space in session for the client to explore the relevance of culture, while the negative scale suggests that the counselor acts with superiority and makes assumptions about the client (Hook et al., 2013).

Prior to receiving the 12-items, clients-participants will have completed the brief demographic inventory ranking their top 3 most salient cultural identities and rating their relative importance; these are the reference points for completing the rest of the scale. A client-participant receives items such as, “My counselor is open to seeing things from my perspective” and “Thinks he/she understands more than he/she actually does.” Each item is rated on a five-point, Likert-type scale (*1 = strongly disagree* to *5 = strongly agree*) with higher scores corresponding with higher levels of cultural humility. Items on the *negative* scale are reverse coded. The CHS has strong reliability (Cronbach’s $\alpha = .93$) and construct validity based on its relationship to other multicultural competence indicators (Hook et al., 2013).

Cultural (Missed) Opportunities. This 4-item scale was recently created to complement the CHS scale in representing counselors’ overall multicultural orientation (Owen et al., 2016). Participant-clients rate items such as “I wish my therapist would have encouraged me to discuss my cultural background more” and “There were many

chances to have deeper discussions about my cultural background that never happened” on a 5-point Likert-type scale (*1 = strongly disagree* to *5 = strongly agree*). Higher scores on the measure indicate more missed opportunities to discuss culture.

Psychologists with identified expertise in multicultural counseling confirmed the content validity of survey items. A one-factor model fit the initial data collected from a diverse sample of counseling clients and demonstrated strong reliability with a Cronbach’s alpha of 0.86 (Owen et al., 2016).

Cross-Cultural Counseling Inventory (CCCI-R)

The 20-item CCCI-R captures a counselor’s level of multicultural competence across cross-cultural counseling skills, sociopolitical awareness, and cultural sensitivity domains (LaFromboise, Coleman, & Hernandez, 1991). Researchers constructed this inventory to reflect the American Psychological Association’s (APA) Division 17’s cross-cultural counseling competencies (LaFromboise, Coleman, & Hernandez, 1991). The CCCI-R developers recommended it for self-evaluation and evaluation from an observer such as a supervisor or peer. It has since been slightly adapted for use with clients such that they provide feedback on their counselor’s multicultural competence (Constantine et al., 2002; Hook et al., 2013). This client version has demonstrated strong reliability (Cronbach’s $\alpha = .90$) and removes concerns about socially desirable responding that is present with most other MCC measures (Constantine et al., 2002). Example items include “My counselor is comfortable with differences” and “My counselor demonstrates knowledge about my culture.” Participants respond on a 6-point rating scale (*1 = strongly disagree* to *6 = strongly agree*), with higher scores indicating

higher levels of counselor MCC. Psychometric analyses have suggested strong interrater reliability, content validity for the foundational multicultural competencies (Sue et al., 1982), and construct validity in differentiating between general counseling skills and culture specific skills in a counseling interaction (LaFromboise, Coleman, & Hernandez, 1991).

Working Alliance Inventory (WAI-SR)

The WAI-SR is a brief, 12-item inventory of the following three domains of the working alliance between counselor and client: task, goals, and bond (Hatcher & Gillapsy, 2006). It has been widely used in existing research on cultural humility and multicultural counseling competence (Tao et al., 2015), with conceptual ties to other versions of the WAI (Doran, 2016) and improved ability to differentiate the three factors of the working alliance (Hatcher & Gillapsy, 2006). This instrument has demonstrated strong psychometric properties across diverse samples of counseling clients, with Cronbach alphas between .91 and .96 (Hatcher & Gillapsy, 2006; Owen et al., 2011) and correlations with therapist and client-rated improvement (Hatcher & Gillapsy, 2006). For the present study, participants were instructed to imagine themselves as the client in the client-counselor interaction. The following are a sample of items: “We agree on what is important for me to work on,” “The counselor in the video and I respect each other,” and “I believe the way we are working with my problems is correct.” Items are phrased positively and summed such that higher scores indicating stronger working alliances.

The Multidimensional Inventory of Black Identity (MIBI) Racial Centrality Scale

The Racial Centrality Scale from the MIBI (Sellers, Smith, Shelton, Rowley, & Chavous, 1998), following the Multidimensional Model of Racial Identity (MMRI), is included to measure stable racial identity or the degree to which persons define themselves by their race. This instrument will be used in conjunction with participant's indications of "in-the-moment" salience of race/ethnicity (see above for description of identity salience variable; see Yip, 2005 for discussion of incorporating salience and centrality into research on racial/ethnic identity) in order to be responsive to debates in the literature about the particular meaning and contributions of race salience versus race centrality. Authors of the MIBI acknowledge the interrelationship between race centrality and salience (e.g. race is more central to a person's self-definition if race is salient across more situations) as well as the unique context and group-level experiences of African-Americans in the United States (Sellers, Rowley, Chavous, Shelton, & Smith, 1997). As a whole, the MIBI is a reliable (with Cronbach alphas greater than .70) and valid measure of the MMRI (Sellers et al., 1998). The MIBI has also shown predictive validity with the amount of interaction individuals have with Black and White people (Sellers et al., 1998), with individuals high on racial centrality more often endorsing having a Black best friend and high contact with Black people.

The Centrality Scale

This scale consists of 8-items with 2 reverse coded. Example items include *Being Black is an important reflection of who I am* and *I have a strong attachment to other Black people*. Participants provide ratings on a 7-point scale (1 = *strongly disagree* to 7 =

strongly agree), with higher scores indicating higher centrality of race (i.e. being Black) in the individual's self-concept. Alpha coefficients for the Centrality Scale are satisfactory with values of .70 and above both in a sample of 474 African-American college students and in an adapted version of the scale for 62 Chinese-Americans (Sellers et al., 1998; Yip, 2005). There is precedent for using the individual Centrality scale for analysis, maintaining strong psychometric properties (Yip, 2005).

Procedures

Upon accepting access to the survey link, participants were presented with a description of the present study, an informed consent document, and contact information for the primary researcher. Next, participants provided their demographics and descriptive information about their experience as a counseling client to date. Then, participants received the following prompt, *You are about to watch a short clip from a mock counseling session featuring actors. The clip will give you a snapshot of two different topics that could be discussed by a counselor and client in their first session together. Please watch the interaction closely, **as if you are the client**. Afterward, you will be asked to provide your thoughts about the counselor.* The participant was then randomly assigned to view one video vignette in its entirety. Next, participants were asked to rate their desire to continue counseling services with the depicted counselor. Participants were then provided with each of the following inventories in this order: (1) CHS (and racial identity salience), (2) Cultural (Missed) Opportunities, (3) CCCI-R, (4) WAI-SR, (5) Centrality Scale (MIBI). Participants were then thanked for their participation, presented the primary researcher's contact information for a second time,

and those who answered survey items were re-directed to a separate survey form to enter their contact information for their incentive (five dollars for the first ten responders and/or entry into a raffle for one hundred dollar Amazon gift card) for participating.

Vignettes

Analogue Design

The researcher selected an analogue design in order to empirically test specific counselor broaching behaviors. This particular methodology is recommended provided that existing scholarly work gives sufficient context to the current experiment and that prior research does not overwhelmingly employ this design (Heppner, Wampold, & Kivlighan, 2008). The broaching literature is ripe for analogue research considering both the presence of conceptual pieces articulating this construct (e.g., Day-Vines et al., 2007; Day-Vines et al., 2013; La Roche & Maxie) and descriptive studies outlining how counselors and clients have experienced the use of this technique in sessions (e.g., Fuertes et al., 2002; Knox et al., 2003; Zhang & Burkard, 2008). To date, there has been only one analogue study of broaching (Choi, Mallinckrodt, & Richardson, 2015), though this project focused on the counselors' need to raise an aspect of their personal identity (as opposed to the clients'), did not synthesize the existing literature in order to create an informed broaching statement, and did not control for or test the stylistic and content differences in each counselor's delivery of the broaching statement. The current blind spot is centered on how to deliver a broaching statement, with regards to the debated components of *goals* and *similarities and/or differences*, in an initial counseling session with the most beneficial impact on counseling process and outcome variables. I argue

that it is difficult, perhaps even unethical, to systematically control and vary these components in a naturalistic counseling session, and that a test of these components with high internal validity will serve to advance the knowledge base on broaching interventions (Heppner, Wampold, & Kivlighan, 2008). In order to evaluate specific skill components and their impact on potential clients, I make use of an audio-visual counseling study with client responses as the dependent variable (Munley, 1974).

Development of Vignettes

Steps can be taken to minimize the tradeoff between internal validity and external validity or generalizability. Accepted standards for vignettes with high fidelity to real-life counseling are responsive to the following areas: (1) counseling involves conversation, (2) differences in status between the counselor and client determine features of the conversation, (3) counseling lasts for a variable length of time and can be adjusted depending on need, (4) clients tend to have motivation to change, and (5) clients often are experiencing psychological distress that propels them towards change (Strong, 1971). The particular vignette created for this study is meant to capture potential clients' initial reactions to a counselor who either uses or does not use a form of broaching statement in an intake session. The setting of the intake session is consistent with recommendations in the literature that broaching must begin upon meeting with a new client, particularly a racial/ethnic minority client (Jones & Welfare, 2017). It also is able to capture a segment of the conversation between counselor and client in this first session (per standard 1) and will reflect the roles of the parties involved (per standard 2). The duration of the vignette is kept brief in order to maintain participant attention and

motivation at optimal levels, which is perhaps one area of deviation from the ideal vignette (per standard 3). Alternatively, the researcher hopes to test how broaching impacts potential clients' impressions of the therapist and interest in continuing counseling services, which might be captured in even a quick exchange. Finally, the variables of client motivation to change and distress (standards 4 and 5) will be featured in the video and measured via questions surrounding participant's history of personal counseling.

Additionally, the researcher followed four recommended steps in creating case vignettes in order to increase their real-world application and validity: (1) identify the variables to be manipulated, (2) outline the behaviors consistent with identified variables with attention to various levels of this variable and guarding against the influence of other related or extraneous variables, (3) empirically test the validity of these outlines, and (4) incorporate validated, operationalized variables into a full vignette (Heverly, Fitt, & Newman, 1984). Consistent with previous analogue research using a video vignette, the researcher held constant verbatim dialogue between the counselor and client leading up to the manipulated segment of tape in order to ensure that participants were exposed to the same counselor characteristics and counseling environment. In this way, potential clients' responses are animated by their evaluation of precise counselor behaviors (i.e., broaching statement components) as opposed to a more global assessment of the counselor depicted (Munley, 1974).

Vignette Descriptions

The primary researcher created vignettes of counselor-client interactions to display (or to “not display” in the case of the control condition) initial, *proactive* counselor broaching statements with *specific language* that vary in their levels of broaching *goals* and *similarities and/or differences* components (see Table 3 for broaching statements by condition). The video vignettes range in duration from three minutes and fourteen seconds (control condition 4) to four minutes and four seconds (condition 3) (with condition 1 at 3:46 and condition 2 at 3:54). Each interaction is set in an intake counseling session, given the widespread agreement about the merits of beginning broaching early in the course of a counseling relationship (Day-Vines et al., 2007; Fuertes et al., 2002; Jones & Welfare, 2017; Knox et al., 2003; Zhang & Burkard, 2008; Zhang & McCoy, 2009). Across all conditions, the featured counselor is an early middle age White woman and the featured client is a young Black woman. Their demographics are deliberately chosen so that the focus of the conversation is on racial differences, rather than gender, an often-cited visually salient facet of identity alongside race (La Roche & Maxie, 2003).

In all conditions, the counselor and client discuss the client’s presenting concerns around their depressed mood and social withdrawal (see Appendix A for the full script). The control condition (condition 4) ends here while in the experimental conditions (conditions 1, 2, and 3) the conversation shifts to race and racism (see Table 3). The videos have been edited to suggest that time is elapsing, with each video beginning by fading in to the counseling encounter (as if the counselor and client are already a few

minutes into the intake session) and then fading out and back in between the generic script and the broaching statements in the experimental conditions, suggesting a more natural session flow between subject matter. Throughout all conditions the counselor utilized basic, facilitative helping skills such as reflections of content and feeling, open-ended questions, and minimal encouragers. Additionally, throughout counselor broaching conditions (conditions 1, 2, and 3) the tenets of *counselor responsibility*, *multiple levels*, and *flexible stance* are displayed in that the counselor assumed responsibility for the broaching statement, acknowledged individual and systemic levels of race, and posed an open question that allows the client to self-identify, elaborate, and flexibly determine where the dialogue begins. In order to validate the script components as well as the finished videos themselves, I conducted the pilot study described below.

Table 3. Operationalized Broaching Conditions

Condition and components	Broaching statement
1 – Proactive timing, pointed language, broaching for content	<i>Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. It can also be related to what you want to talk about, if you have been, for example, thinking about your identity, experiencing discrimination, or maybe having conflict with people in your racial group or outside of it. First, I wonder how you see your race, or even experiences of racism, being related to what brings you in for counseling.</i>
2 – Proactive timing, pointed language, broaching for the relationship, differences	<i>Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. It looks like race is one area of difference for us, which could, at times, mean that I will not be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not completely understand how racism is experienced by people of color. It is also important to me that you feel you can be authentic and share how you see things in here. First, I wonder how you think our difference in race might impact our work together and our relationship.</i>
3 – Proactive timing, pointed language, broaching for the relationship, similarities and differences	<i>Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. The fact that we are both women means we may have some shared experiences because of that; maybe we have both felt pressure to act or look a certain way before. It looks like race is one area of difference for us, which could, at times, mean that I will not be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not completely understand how racism is experienced by people of color. It is also important to me that you feel you can be authentic and share how you see things in here. First, I wonder how you think our difference in race might impact our work together and our relationship.</i>
4 – Control (no components included)	Not applicable

Pilot Study

My goals for the pilot study were twofold and thus conducted in two phases. First, after producing vignette scripts for each condition, I consulted with eleven clinicians, many of whom had a professed interest in culturally responsive counseling, for feedback on both the full script of the general counseling interaction and the three, specific broaching statements that differentiate each condition (i.e., 1. *broaching for content*, 2. *broaching for the relationship, differences*, 3. *broaching for the relationship, similarities and differences*). In this phase, I sought to determine if the script was sufficiently naturalistic or representative of a real-world counseling exchange and, if not, how to enhance this quality. I also wanted clinicians' perspectives on how faithfully the broaching statements resembled the components they are meant to represent (*goals, similarities and/or differences*). In the second phase, after creating videos based on the revised script, I presented them to groups of undergraduate students in a *Helping Skills* course (between ten and seventeen students in each group randomly assigned to one of the four conditions) in order to test the quality of the videos, the presence of general therapeutic factors across conditions, and participants' ability to respond to survey items on key measures of my dependent variables. Additionally, I gathered preliminary support for the impact of the broaching component manipulation on my dependent variables (i.e., MCO, MCC, working alliance). These phases are described in more detail below.

Phase One. In phase one of the pilot study, I sought input about the written scripts from two groups of counselors. Per a consultation with a representative from UNCG's Institutional Review Board (IRB), gathering this feedback from participating

counselors did not require formal IRB approval (see Appendix C). First, I recruited six counselors in a doctoral level counselor education program at The University of North Carolina at Greensboro (UNCG). I visited one of their classes, described my goals in surveying them, and provided the materials for review and an incentive for their participation (i.e., baked goods); this group was invited to discuss their ratings and reactions following each section of the materials. In a second round of recruitment, I contacted six counselors and counselor educators, with 5 providing their response, to involve counselors who self-identified as Black and who had longer field experience. I gathered feedback in the same way, though there was no follow-up group discussion of their written responses. Collectively, participants in phase one included a total of eleven counselors; participants mostly identified as women ($n = 10$; men, $n = 1$), with just under half being racially White ($n = 5$), five racially Black, and one South Asian Indian participant.

All counselors first viewed a paper document containing the generic script for the video vignette. This document was approximately one, single-spaced page in length, and depicted an exchange between a counselor and client, set in an intake session, about the client's mood-related symptoms (see Appendix B for Phase 1 materials which contain this version of the script). The counselor depicted appropriately makes use of a number of basic helping skills, including reflections of feeling, content, and meaning; open-ended questions; immediacy; and probes. The client responds accordingly, accepting counselor reflections and non-defensively responding to questions and probes. There is no explicitly cultural content within this exchange. The interaction between counselor and

client is smooth and consists of both information gathering and rapport building. These conditions provide for a test of broaching that is *proactively* raised by a skillful counselor within the context of a warm counseling exchange.

After reading the script, I presented the clinicians with the following open-ended questions (see Appendix B):

1. What are your reactions to this script?
2. Is there anything you would alter, remove, or add to the script so that it feels more natural or realistic? Please describe those suggested changes.
3. Other observations or suggestions?

Counselors recorded their responses on a sheet of paper, working individually. I then invited the participants recruited in the doctoral counselor education program to dialogue collectively about their reactions and suggested changes in order for them to synthesize and prioritize their feedback.

Next, I presented all counselors with a description of broaching, a brief rationale for broaching race/ethnicity with clients in intake, and definitions of the components I am testing in the dissertation study (see Appendix B). They then received the list of broaching statements and the list of conditions (including the components reflected in each condition) and were instructed to match the statement with their respective condition. This activity provided a test of how closely the statements resemble the conditions and how distinct the language and approach are in each statement. After completing this matching exercise, counselors were presented with each of the three

broaching statements individually, imagining that they were delivered following the conclusion of the initial script as a part of intake procedures. I posed the same three questions for each broaching statement:

1. What are your general reactions to the broaching statements?
2. Is there anything you would alter, remove, or add to any of these statements?

Consider the specific language and approach used and describe any changes you would make.

3. Other observations or suggestions?

Again, with the in-person recruits I opened up space for group dialogue following their independent, written feedback on the three broaching statements. Through discussion, the doctoral student counselors clarified themes and overlap in their reactions and/or suggestions.

Following collection of all feedback, from counselors both within the doctoral program and outside of it, the researcher and her advisor reviewed all suggested amendments to the script and broaching statements. Most ($n = 10$) participants alluded to the smooth nature of the general script, stating that it felt like a typical, positive interaction during intake (e.g., “The counselor is gauging the presenting issue, goals, and language around how this person feels”). Some ($n = 2$) participants did not suggest any changes to the general script (e.g., “It seems fine, lots of good reflections”). One participant suggested the addition of a scenario that produced some “cultural angst” in the client and by extension the participants; however, this suggestion is counter to the criteria

of having a neutral general script so that the counselor is *proactively* broaching race as opposed to *responsively* broaching race when the client has surfaced a closely related topic. Most often, counselors' feedback ($n = 6$) indicated places where the counselor depicted in the script could soften or slightly adjust her language (e.g., with "You feel like you're not a good person right now," instead of a direct restatement of the client's words, "You're 'not a great person right now'"; confirmed in group dialogue). Other suggestions addressed areas for improving the naturalism of the script (e.g., the skills could be varied more by trading out a reflection for a question, inserting moments of therapeutic silence, including an exchange where the client corrects or adjusts the counselor's reflection), with one participant suggesting that the Black woman cast in the video to role play this client have "creative license" to insert "Black culture" via choices related to "tone, pace, nonverbals, and colloquialisms." Accordingly, the researcher informed the role-play actresses about the potential to make slight adaptations to her lines in order to enhance their comfort in delivering them, including reframing statements in a way that might be more authentic to Black culture and linguistics. The remaining changes are reflected in the final script and script with track changes located in Appendix A.

With regards to the broaching statements, every participant ($n = 9$) correctly matched the condition name with the broaching statement (with two participants not answering this section), confirming that the way in which each broaching statement is written clearly reflects the corresponding component in the literature and is also sufficiently differentiated from the other statements. Counselors offered positive

feedback, stating that the concrete examples of broaching statements will advance understanding of the concept ($n = 3$; “see how broaching can have different purposes”) and noting the strength in having open-ended, respectful statements that all begin by normalizing the conversation ($n = 3$; “Often I ask my clients about...”). Interestingly, two counselors specifically noted preferring the *similarities and differences* condition, though both of these respondents self-identified as White. Two of the five Black respondents in this sample noted that the *broaching for relationship* condition was potentially too direct or “tricky” to address in a single statement and/or a first session.

Much of the constructive feedback mirrored the tension in the literature about precisely *how* to broach ($n = 7$), with some counselors ($n = 2$) reinforcing the notion that this could be irrelevant to or alienate a client and other counselors ($n = 2$) prioritizing a focus on intersectional identities in place of race/racism. For instance, one participant wrote, “Maybe let the client bring up racism,” adding that clients with low racial identity or “awareness” might view this conversation as unnecessary. This counselor also took part in the follow-up dialogue, reiterating her written concern that *proactively* broaching makes assumptions about the importance of race and racism as factors in the client’s life. This point is interesting to consider alongside other taboo topics that are routinely assessed in intake (e.g., history of suicide attempts or ideation), as it seems that counselors are distinctly worried that conflict arising in broaching conversations is less reparable or perhaps that broaching is less necessary to begin with. This same participant advocated attending to intersectionality by using open language in broaching statements, a practice that has also been advocated for by White counselors who are hesitant to bring

up the taboo topic of race (Jones & Welfare, 2017). As a result, this feedback was not directly incorporated because the experimental conditions are meant to test broaching statements that are *proactive*, *pointed*, and specifically address race. Indirectly, though, the researcher looked for ways to adjust the language so that there are allusions to other cultural identities (i.e., intersectionality) without de-emphasizing race (e.g., “It looks like race is *one area* of difference for us”).

By contrast, four of the five Black participants in this sample affirmed the centrality of race (with the fifth participant not raising concerns about the broaching statements at all). One participant included a story from her own personal counseling within her feedback to illustrate how her (presumably White or non-Black) counselor missed out on important insight into her life as a Black woman by not broaching race. This same participant only identified constructive feedback around the *broaching for content* condition, such that a focus on experiences of oppression is balanced out in the statement with more neutral or even positive ways that racial/cultural dimensions could be related to the client’s presenting concern and goals. Importantly, two other counselors who identified as Black women had cautions about how direct and vulnerable addressing race and racism is within the *broaching for the relationship* conditions (e.g., “Race is a sensitive topic, so forcing someone to talk about it may lead to the client deciding not to return”), suggesting instead that the counselor present more of an invitation for the client to address concerns as they arise rather than open a discussion within the first session (e.g., one participant suggested the phrasing, “Please know that I am open to discussing any concerns that you may have about working with a White counselor” in place of “I

wonder how you feel about working on your concerns with someone who is White?”).

Similarly, among Black woman counselors, two of the five noted the potential benefit in acknowledging pressures Black people might feel to present with “business-as-usual” or “normalize (their) oppression” in the counseling space. Both participants argued that the counselor should make a statement that welcomes clients to present themselves and describe situations in a more authentic manner without fear of reproach or outright denial of the racial realities in the United States (e.g., expressing the client’s concern that “the counselor thinks I’m playing the race card”). The researcher took steps to update the language to both maintain the *flexible stance* broaching tenet that invites continued discussion and the client’s perspective, while also acknowledging the challenges in speaking directly about these topics with someone who is White.

More concretely, counselors identified potential changes to broaching statements in the following areas:

1. The final question in the relationship condition (i.e., “I wonder how you feel about working on your concerns with someone who is White?”), $n = 3$
2. The statement acknowledging racism and White privilege (i.e., “For example, as a White person I have unearned privileges and will not experience racism”) is too “dry” or should be reworded to focus on client experiences (i.e., “You likely have personal experiences of racism which I cannot relate to”), $n = 3$
3. Need for the statement to anticipate race-related stressors and ways in which clients might adapt (i.e., “feeling like you have to do business-as-usual despite the circumstances”) what they share with a White counselor (e.g., “code-switching,”

expectation that the counselor would deny client's description of a racist encounter), $n = 2$

4. Possibility of including more neutral or positive language about the role that race might play in the counseling process (e.g., including language around counseling "goals" as opposed to "concerns"), $n = 1$
5. The phrase "just by looking" gives "too much attention to differences" or only addresses race to the exclusion of other perhaps invisible identities, $n = 2$
6. Adjust the phrase "*probably* have shared experiences" to "*may* have shared experiences" in the *relationship, similarities and differences* condition, $n = 1$
7. Change the word "appreciate" to "understand," in the statement "I will not...be able to full appreciate your experiences" to convey more empathy, $n = 1$

Collectively, these concerns about the script are important, as they highlight the conflicts in the literature surrounding debated components of broaching statements and identify potential future studies that examine related questions about *when* and *how* to broach. Given that I am hoping to provide an initial answer to questions about *broaching goals* and *similarities and/or differences*, from a *pointed language* and *proactive timing* standpoint, I needed to filter participant feedback appropriately. Thus, feedback for alterations to the general script was considered in terms of its ability to enhance the realistic feel and maintain a positive interaction between counselor and client that is relatively race/culture neutral. The broaching statement feedback was first analyzed in terms of concerns that took issue with the experimental conditions (i.e., preferring open language when the broaching statements are purposefully testing pointed language)

versus concerns that focus on maintaining the integrity of the conditions and improving their delivery. In both cases, I, along with my dissertation chair, considered the number of clinicians who made the suggestion and how strongly they made or supported their suggestion. The final changes can be observed in Appendix A.

Phase Two. After incorporating these improvements to the script, the researcher began taping videos to reflect each of the four conditions (with the only alteration across conditions being the broaching statement at the conclusion of the video) and enlisted a professional videographer to edit them. Once the final videos were created, phase two of the pilot study was conducted. With permission from course instructors, I recruited undergraduate students at UNCG during regularly scheduled class time for an introductory *Helping Skills* course. Thus, classes were randomly assigned to one vignette condition with a range of ten to seventeen students in each. I visited each of the four classroom groups, described my goals in surveying them, noted my approval to conduct this study without IRB approval (see Appendix C), given its focus on evaluating the videos and instruments, provided the respective videos and follow-up survey questions, and thanked them for their participation with an incentive of baked goods. Demographically, participants in phase two were majority young adults, majority women, and racially and ethnically diverse (Table 4).

Table 4. Pilot Phase 2 Demographics by Conditions

	Condition 1 <i>n</i> = 10	Condition 2 <i>n</i> = 17	Condition 3 <i>n</i> = 11	Control <i>n</i> = 13	Total Sample <i>n</i> = 51
Age M (SD)	24 (4.619)	23.875 (6.692)	21.818 (2.401)	22.167 (1.899)	23.020 (4.580)
Gender (Freq.)					
Man	1 (10%)	4 (23.5%)	1 (9.1%)	1 (7.7%)	7 (13.7%)
Woman	9 (90%)	12 (70.6%)	10 (90.9%)	12 (92.3%)	43 (84.3%)
Race/Ethnicity (Freq.)					
Asian	0	1 (5.9%)	0	1 (7.7%)	2 (3.9%)
Black or African American	3 (30%)	6 (35.3%)	4 (36.4%)	5 (38.5%)	18 (35.3%)
Latino(a) or Hispanic	1 (10%)	1 (5.9%)	0	2 (15.4%)	4 (7.8%)
Multiracial	0	0	1 (9.1%)	0	1 (2.0%)
White or Caucasian	6 (60%)	6 (35.3%)	6 (54.5%)	4 (30.8%)	22 (43.1%)
Other	0	0	0	1 (7.7%)	1 (2.0%)

Note: Percentages reflect proportion out of the sample size per each condition or within the total sample, including missing cases. Percentages do not add up to 100% due to missing data

Students viewed the video they were assigned to in a group setting, with instructions almost identical (as minor adjustments will be made to the instructions to better introduce the videos per participants' comments) to those that participant-clients in the main study will receive (i.e., *You are about to watch a clip of a counseling session. This is the first time this client and counselor are meeting. Please watch the interaction closely, as if you are the client. Afterward, you will be asked to provide your thoughts about the counselor.*). As students viewed the video, I observed their nonverbal behaviors, noting any relevant reactions to the content.

Students then provided responses to a brief demographic questionnaire (e.g., race/ethnicity, gender), an evaluation of the counselor's abilities depicted in the video,

key measures and ratings of their ability to answer each measure, as well as general feedback about the video quality (see Appendix B). To assess the counselor's abilities, students were asked to provide ratings of the counselor's warmth, comfort, and credibility via single items with a six-point Likert-type response format (e.g., *The counselor in the video was warm, 1 = strongly disagree to 6 = strongly agree*) in order to gauge how constant these basic therapeutic factors are across conditions. They were then asked to complete the MCO (CHS and Cultural Opportunities), CCCI-R, and WAI-SR measures that will be included in the main study. Following each individual instrument, participants were asked to note whether or not they had sufficient information to answer the items (e.g., *Based on the brief video you watched and the impressions you formed about the counselor during this time, how would you rate your ability to answer the items on the above questionnaire; from 1 = very weak to 6 = very strong*). Finally, to assess for video quality, I included six-point Likert-type scales to gather students' feedback on audio and visual levels (e.g., *How well could you hear and see the exchange between the counselor and client in the video?*) and video clarity (e.g., *How well could you understand what the counselor and client were discussing in the video clip?*). The survey concluded with an open-ended space for participants to provide any additional comments.

During data collection, participants as a whole seemed to pay close attention to the video for the entire duration (with a total of $n = 2$ visibly distracted by their cellular phones while the clip was playing), maintaining constant eye contact and not outwardly displaying boredom or intense negative emotional reactions to the general script or broaching portions. A single participant smiled and chuckled to himself throughout the

general script (he was randomly assigned to the group viewing condition 1). Two participants in different groups expressed confusion with the WAI-SR measure related to the blank spaces in survey items where they were intended to mentally insert the name of the counselor. I elaborated on this instruction in the moment and plan to adapt the WAI-SR instructions to make this clearer for main study participants. Another participant (assigned to condition 1) asked for the video to be replayed as she had “zoned out.” Given that participants will only view the video once, I informed her that she could not re-watch the video and encouraged her to fill out the survey items to the best of her ability. Additionally, a participant in the condition 3 group asked whether or not the counselor was addressing the broaching statement to the client or was stating this “to the camera,” expressing some confusion about the different segments of the video. This concern was reflected in written feedback ($n = 4$) with comments such as, “The last clip was confusing as to when it would have been taken place because of the break between them” and “It felt a bit unnatural how the clip was just cut into the video, overall. But still, I like it!” In light of these comments, I plan to adapt the introduction to the video to foreshadow that the (experimental condition) clips display a discussion of two distinct topics at different points in the counseling session, providing a snapshot of some of the areas that this counselor and client address together.

It is also noteworthy that some ($n = 2$) of the open-ended written feedback reflected discomfort with discussing race and the experimental conditions themselves (i.e., “Where the hell did that last part about racial culture come from? Be more subtle.”). In the control condition group, one student said, “I did not see or hear much

communication about cultural impacts or differences,” perhaps in response to having difficulty answering questions about the counselor’s cultural humility or cross-cultural counseling competence. Finally, students provided positive impressions of the video, stating, “Overall great, clear video quality. The quality didn't cause distractions from the interaction” and “At the very beginning the counselor did not seem very warm, but tended to warm up as the session continued.” Only twelve out of the total fifty one participants left qualitative comments at the end of the survey, which all fell in the above areas.

Turning towards the quantitative data, I addressed the three primary research questions going into the pilot study phase 2:

1. Does the counselor demonstrate desirable characteristics across conditions?
2. Is there sufficient information to respond to survey items for each scale across conditions?
3. What is the general quality of the video across conditions?

First, I present descriptive statistics for how warm, comfortable, and credible/skilled (ranging from *1-strongly disagree* to *6-strongly agree*) the counselor in the video was perceived to be by participants in the total sample (Table 5) and by condition (Table 6). On average, participants agreed that the counselor was warm ($\mu = 4.900$, $sd = .707$), comfortable ($\mu = 5.118$, $sd = .711$), and credible ($\mu = 5.177$, $sd = .910$). Mode scores for each therapeutic factor in the total sample ($n = 51$) was “*5-agree*,” with only one participant in each category noting that they “*3-slightly disagree*” that the counselor was

warm and *comfortable*, and only two participants stating that they “2-disagree” that the counselor was credible/skilled. Overall, then, there is evidence for strong presence of these three therapeutic factors across videos. I then conducted a one-way MANOVA, which suggested that the null hypothesis that there are no significant differences between conditions on counselor characteristics is true ($\Lambda = 0.819$, $F(9, 107.235) = 1.018$, $p > .05$). Although observed power for this analysis was low at 0.387, indicating that the result should be interpreted with caution and perhaps not generalized, it still provides us with some additional support for the conclusion that general therapeutic factors remained constant across conditions, beyond merely comparing the mean values and standard deviations across conditions.

Next, I examined student responses to each of four questions checking their ability to answer scale items with the impressions they gleaned from the video. These items (ranging from 1 = *very weak* to 6 = *very strong*) followed each of the main study measures included in the pilot, namely the CHS, Cultural Opportunities, CCCI-R, and WAI-SR. An examination of descriptive statistics showed that, on average, students reported having a strong ability to respond to survey items across scales (see Table 5). Again, a one-way MANOVA analysis confirmed the null hypothesis of no differences between conditions on having sufficient information to respond to survey items ($\Lambda = 0.701$, $F(12, 100.830) = 1.206$, $p > .05$), facing similar power issues (0.576) due to sample size.

Table 5. Total Sample Review of Video Vignettes

Research Question	Variable	N	Mean	SD
Does the counselor demonstrate desirable characteristics across conditions? (<i>1-strongly disagree to 6-strongly agree</i>)	Warm	50	4.900	.707
	Comfortable	51	5.118	.711
	Credible/Skilled	51	5.177	.910
Is there sufficient information to respond to survey items for each scale across conditions? (<i>1-very weak to 6-very strong</i>)	CH Information	48	4.490	1.050
	Missed Opp. Information	47	4.255	1.052
	CCCI-R Information	47	4.234	1.202
	WAI-SR Information	48	4.542	1.254
What is the general quality of the video across conditions? (<i>1-very weak to 6-very strong</i>)	Quality See/Hear	51	5.078	.868
	Quality Understand	51	5.255	.796

Table 6. Average Ratings of Counselor Characteristics by Condition

Counselor characteristic	Condition	N	Mean	SD
Warm (<i>1-strongly disagree to 6-strongly agree</i>)	1	10	5.10	.568
	2	16	4.94	.772
	3	11	4.82	.603
	4	13	4.77	.832
Comfortable (<i>1-strongly disagree to 6-strongly agree</i>)	1	10	4.800	.919
	2	17	5.235	.664
	3	11	5.091	.539
	4	13	5.231	.725
Credible/skilled (<i>1-strongly disagree to 6-strongly agree</i>)	1	10	5.000	1.247
	2	17	5.118	1.054
	3	11	5.000	.632
	4	13	5.539	.519

Finally, participants on average agreed that the video was of high quality in terms of ability to see/hear and understand the dialogue between the counselor and client (see Table 5), with 74.6% of participants saying that the quality was *5-strong* or *6-very strong* for *ability to see/hear* and 86.2% of participants marking their *ability to understand* the exchange as *5-strong* or *6-very strong*. For both quality items, only 3.9% selected of

participants ($n = 2$) selected “2-weak.” To examine whether there were any differences on quality items across conditions, I conducted a third one-way MANOVA, which again revealed the null to be true ($\Lambda = 0.896$, $F(6, 92) = 0.866$, $p > .05$) with observed power equal to 0.327.

With these results serving as an initial foundation, I then conducted preliminary analyses with the dependent variables of interest to see if the hypothesized trends were beginning to emerge (see Table 7), even within this limited and racially mixed sample. Results from a one-way MANOVA suggested that there was at least one significant difference across conditions on at least one dependent variable ($\Lambda = 0.536$, $F(12, 114.059) = 2.525$, $p < .01$). Univariate follow-ups located Cultural Missed Opportunities as having significant differences across groups ($F = 5.512$, $p < .01$), with cultural humility also approaching significance ($F = 2.523$, $p = .069$). Table 3 contains the means and standard deviations of each condition and the total sample for each dependent variable. Glancing at these statistics, and informed by the results of the MANOVA, it is evident that the control condition was beginning to appear distinct from the other conditions, particularly in terms of the higher cultural missed opportunities average score ($\mu = 17.000$, $sd = 5.009$). Interestingly, condition 2 (i.e., *broaching for the relationship, differences*) tended to have more comparable average scores to the control condition than conditions 1 (i.e., *broaching for content*) and 3 (i.e., *broaching for the relationship, similarities and differences*). This may be explained by the relatively larger sample size for this group as well as the higher proportion of Black and African American identifying participants in this group (when excluding missing cases the proportion is 42.9%, $n = 6$).

Table 7. Preliminary Comparisons of Average Scores on Main Study Dependent Variables

Dependent variable	Condition	N	Mean	SD
Cultural humility (1-strongly disagree to 5-strongly agree)	1 - <i>Broaching for content</i>	10	52.700	5.478
	2 - <i>Broaching for relationship, differences</i>	17	46.412	10.007
	3 - <i>Broaching for relationship, similarities and differences</i>	11	53.046	5.579
	4 - <i>Control</i>	12	49.578	7.989
	Total	50	49.430	7.999
Cultural (missed) opportunities (higher scores, more missed opportunities) (1-strongly disagree to 5-strongly agree)	1 - <i>Broaching for content</i>	10	10.300	2.830
	2 - <i>Broaching for relationship, differences</i>	17	13.529	3.512
	3 - <i>Broaching for relationship, similarities and differences</i>	11	12.091	4.549
	4 - <i>Control</i>	12	17.000	5.009
	Total	50	13.400	4.571
Cross-cultural counseling competence (1-strongly disagree to 6-strongly agree)	1 - <i>Broaching for content</i>	10	93.600	16.426
	2 - <i>Broaching for relationship, differences</i>	17	90.412	15.289
	3 - <i>Broaching for relationship, similarities and differences</i>	11	97.364	7.890
	4 - <i>Control</i>	12	87.692	11.750
	Total	50	91.440	13.293
Working alliance (1-seldom to 5-always)	1 - <i>Broaching for content</i>	10	46.600	11.088
	2 - <i>Broaching for relationship, differences</i>	17	44.118	12.113
	3 - <i>Broaching for relationship, similarities and differences</i>	11	46.182	9.693
	4 - <i>Control</i>	12	44.539	7.688
	Total	50	44.920	10.117

Taken together, the results of pilot study phase two are quite positive, confirming that the counselor has a generally strong therapeutic presence, there is sufficient information in the dialogue without also dragging on too long so as to lose students'

attention, and video quality is quite good. All the broaching statements appended on to the general script portion of the video were seen to have similarly high quality and all conditions provided enough information with which to respond to questions, despite slightly different video lengths and content. Moreover, the comments and questions posed by participants helped to strengthen the main study materials as the primary researcher adapted the instructions such that they address areas that might be confusing (e.g., clarifying the WAI-SR instructions around inserting the counselor name; the description of the experimental condition videos to include a note about there being two, distinct topics on display in the video in separate moments in the same counseling session). Finally, there is some initial evidence for the effect of condition on counseling process dependent variables, particularly those that emphasize cross-cultural humility, awareness, knowledge, and skills.

Data Analyses

Research Question #1: How do potential clients' perceptions of the counselor's multicultural orientation (cultural humility and cultural opportunities), counselor's multicultural counseling competence, working alliance, and desire to continue services differ among all four conditions (1. *Proactive timing, pointed language, broaching for content*, 2. *Proactive timing, pointed language, broaching for the relationship, differences*, 3. *Proactive timing, pointed language, broaching for the relationship, similarities and differences*, 4. Control), and are there any differences between conditions moderated by race centrality?

In order to test how the four conditions or groups compare to one another in terms of the five counseling process and outcome measures (dependent variables: CHS, Cultural (Missed) Opportunities, CCCI-R, WAI-SR, and desire to continue services), with respect to participant clients' race centrality, and the interaction of condition and race centrality, I conducted a two-way Multivariate Analysis of Variance (MANOVA). As my primary analysis, the MANOVA will determine whether or not there are any observed differences between conditions, level of racial identity, or their interaction, on any of the counseling measures. Conducting a MANOVA minimizes the risk of Type I error that would be present in first running multiple, univariate contrasts (Rencher, 2002).

Depending upon the outcome of the initial two-way MANOVA, I will either conduct five follow-up General Linear Models (GLM), conduct a MANOVA without racial identity included, or a MANCOVA with racial identity included only as a covariate. I will determine which option to conduct based upon the significance of the interaction and main effects. If the interaction is not significant and conditions do not engender different responses on some outcome measure depending upon level of race centrality *and* race centrality as a main effect is not significant, then I will conduct a one-way MANOVA to test for any differences between the four conditions of at least one dependent variable (with follow-up univariate ANOVAs and pairwise tests). If the interaction is not significant but there is a main effect for race centrality, I will conduct a MANCOVA, controlling for the effect of race centrality on the dependent variables (with follow-up ANCOVAs and pair-wise tests). Finally, if there is a significant interaction between condition and race centrality I will run one GLM for each dependent variable to

determine if the interactions and/or main effects are significant, creating plots to help describe and interpret where these group differences lie.

Taken together, this collection of analyses first tested whether or not the approach to forming a broaching statement (or not delivering one at all) and racial identity do matter to potential clients in terms of their perceptions of the counselor's MCO, MCC, working alliance, and interest in continuing counseling. Follow-up analyses allowed me to provide additional context in terms of which dependent variables are most likely driving this difference, how group differences interact with racial identity, and then which groups are most likely different from the others on significant dependent variables.

Addendum

Chapters Four and Five will reflect minor alterations made to the study design in order to expand the participant pool and capture the impressions of a broader group of participants with varying positionalities. More specifically, participants will be recruited via the same channels; however, inclusion criteria have been expanded such that all undergraduate students at The University of North Carolina at Greensboro are invited to participate regardless of racial/ethnic group self-identification. In seeking perceptions of cross-racial interactions and discussion about race, racism, and racial difference from individuals in both marginalized and privileged positions, scholars can illuminate differential evaluations of these conversations or perhaps expectations about the relevance of race (Jordan, Lovett, & Sweeton, 2012). As a result of this shift in inclusion criteria, I will no longer collect responses to the Race Centrality measure that focuses on

Black identity in particular. However, I will still capture participants' racial salience by way of the introductory item to the CH scale (see Chapter 3 for full description).

Accordingly, I will also modify my data analyses in order to test for differences across the five dependent variables (i.e., cultural humility, cultural missed opportunities, multicultural counseling competence, desire to continue services, and working alliance) by participants' racial/ethnic group membership. Depending upon the distribution of racial/ethnic identities in the study sample, I will either examine differences pertaining to each group (e.g., Asian, Black or African American, Hispanic or Latino/a/x) or compare White participants to Participants of Color. If there are no differences observed, I will conduct a one-way MANOVA with broaching condition as the independent variable. In the event of differences in any dependent variable by participant racial/ethnic group, I will conduct a MANCOVA, controlling for participant race/ethnicity.

Finally, these alterations will be reflected in terms of the discussion of the results and implications. Should variations in perceptions of the counselor or counseling process by racial/ethnic group exist in the current sample, this will suggest that one's own race/ethnicity shapes the perceived relevance or utility of cross-racial broaching conversations between a White counselor and Black client. In the absence of racial/ethnic group differences, it may be that participants universally perceive the various broaching conditions as more or less helpful, which may have stronger transferability to broaching other aspects of identity. In both cases, the present study offers information about how

broaching conversations are received by participants who are not the counselor in the interaction in question, inviting important feedback from laypersons that could potentially be exposed to this intervention.

CHAPTER IV

RESULTS

The current study was designed to empirically evaluate three variations on an initial cross-racial broaching statement. In this chapter, I begin with a description of the sample, results of preliminary analyses, and reliability and descriptive statistics for the outcome variables of interest. I then present the results corresponding to each major hypothesis.

Description of the Sample

Participants were recruited electronically at The University of North Carolina at Greensboro. A representative, random sample of 7,500 undergraduates at UNCG was invited to complete the survey materials, with a final total sample of 575 (demographics are displayed for the total sample in table 8). Of the 7,500, there were 1,176 individuals who opened the survey link, with roughly 49% of those going on to take the survey (the response rate for the overall sample of students recruited was 7.67%). Participants had an average age of 22.43 ($SD = 6.26$; 148 missing cases) with the following distribution of self-identified gender identities: 128 men, 435 women, 4 transgendered persons, and 5 individuals who selected “other” (e.g., genderfluid, non-binary). The majority of participants were racially White ($n = 315$, 55%), followed by Black or African-American ($n = 129$, 22.5%), Latino/a/x or Hispanic ($n = 48$, 8.4%), Asian ($n = 39$, 6.8%), Multiracial ($n = 31$, 5.4%), Other ($n = 7$, 1.2%), and Native American ($n = 4$, 0.7%).

On the whole, average race salience was 3.02 ($SD = 1.637$), corresponding to the midpoint of the scale (between *slightly important* and *slightly unimportant*). There was significant variation ($F = 230.564, p < 0.001$) in race salience by whether or not participants identified as White ($\mu = 3.812, SD = 1.470$) or as a Person of Color ($\mu = 2.050, SD = 0.086$) on a scale from *1-very important* to *6-very unimportant*. I also examined race salience more closely for differences by racial/ethnic group (excluding Native American and Other identified participants given their low sample size) which yielded significant differences, with White individuals having especially low average salience ($\mu = 3.812, SD = 1.471$) relative to the rest of the sample and Black or African American individuals having higher than average racial salience ($\mu = 1.67, SD = 0.955$) (see Table 10 for the complete representation of pairwise comparisons). However, race salience did not systematically differ across the four experimental conditions ($F = 1.149, p > 0.05$). Table 9 depicts the average scores and standard deviations for race salience across these groups.

Additionally, the present sample reflected diverse sexual orientations, with 82% ($n = 469$) identifying as heterosexual, 2.1% ($n = 12$) as gay, 10.1% ($n = 58$) as bisexual, 2.4% ($n = 14$) as lesbian, and 3.3% ($n = 19$) as other (i.e., pansexual, queer). In terms of religious affiliation, many students identified as Christian Protestant ($n = 244, 42.7\%$) or non-religious ($n = 134, 23.4\%$). Within the sample, 9.4% ($n = 54$) indicated that they had a disability. Finally, although the majority of participants (87.13%) reported having a national identity as an American or U.S. citizen, 74 indicated other nationalities (e.g., Colombian, Nigerian) as being primary to their identity. Participant demographics were

well balanced across conditions as a function of random assignment, with no significant differences between the distribution of racial/ethnic groups or gender (the two most salient identities in the context of the current study) by condition (see Table 8).

Table 8. Demographics for Main Survey Participants

	Condition 1 <i>n</i> = 155	Condition 2 <i>n</i> = 142	Condition 3 <i>n</i> = 136	Control <i>n</i> = 142	Total <i>n</i> = 575
Age <i>M</i> (<i>SD</i>)	21.44 (3.420)	22.38 (5.973)	22.82 (7.257)	23.14 (7.610)	22.43 (6.257)
Gender (freq.)					
Man	39 (25.3%)	25 (17.6%)	32 (23.9%)	32 (22.5%)	128 (22.4%)
Woman	112 (72.7%)	116 (81.7%)	99 (73.9%)	108 (76.1%)	435 (76.0%)
Transgender	2 (1.3%)	0	1 (0.7%)	1 (0.7%)	4 (0.7%)
Other	1 (0.6%)	1 (0.7%)	2 (1.5%)	1 (0.7%)	5 (0.9%)
Race/Ethnicity (freq.)					
Asian	9 (5.8%)	16 (11.3%)	4 (3.0%)	10 (7.0%)	39 (6.8%)
Black	39 (25.2%)	19 (13.4%)	30 (22.4%)	41 (28.9%)	129 (22.5%)
Latino/a/x	9 (5.8%)	14 (9.9%)	12 (9.0%)	13 (9.2%)	48 (8.4%)
Multiracial	12 (7.7%)	8 (5.6%)	6 (4.5%)	5 (3.5%)	31 (5.4%)
Native American	1 (0.6%)	1 (0.7%)	0	2 (1.4%)	4 (0.7%)
White	83 (53.5%)	83 (58.5%)	80 (59.7%)	69 (48.6%)	315 (55.0%)
Other	2 (1.3%)	1 (0.7%)	2 (1.5%)	2 (1.4%)	7 (1.2%)
Sexual Orientation (freq.)					
Gay	3 (1.9%)	5 (3.5%)	2 (1.5%)	2 (1.4%)	12 (2.1%)
Lesbian	6 (3.9%)	3 (2.1%)	4 (3.0%)	1 (0.7%)	14 (2.4%)
Bisexual	18 (11.6%)	18 (12.7%)	9 (6.7%)	13 (9.2%)	58 (10.1%)
Heterosexual	122 (78.7%)	112 (78.9%)	112 (83.6%)	123 (87.2%)	469 (82.0%)
Other	6 (3.9%)	4 (2.8%)	7 (5.2%)	2 (1.4%)	19 (3.3%)
Religious Affiliation (freq.)					
None	43 (27.7%)	32 (22.5%)	33 (24.6%)	26 (18.4%)	134 (23.4%)
Christian Protestant	73 (47.1%)	51 (35.9%)	53 (39.6%)	67 (47.5%)	244 (42.7%)
Christian Catholic	5 (3.2%)	17 (12.0%)	11 (8.2%)	19 (13.5%)	52 (9.1%)
Hindu	1 (0.6%)	1 (0.7%)	0	0	2 (0.3%)
Muslim	3 (1.9%)	7 (4.9%)	1 (0.7%)	2 (1.4%)	13 (2.3%)
Jewish	1 (0.6%)	0	2 (1.5%)	1 (0.7%)	4 (0.7%)
Buddhist	2 (1.3%)	1 (0.7%)	0	1 (0.7%)	4 (0.7%)
New age	0	0	2 (1.5%)	0	2 (0.3%)
Spiritual	17 (11.0%)	1 (0.7%)	23 (17.2%)	19 (13.5%)	83 (14.5%)
Other	10 (6.5%)	9 (6.3%)	9 (6.7%)	6 (4.3%)	34 (5.9%)
Disability Status (freq.)					
Yes	16 (10.3%)	12 (8.5%)	14 (10.4%)	12 (8.5%)	54 (9.4%)
No	138 (89.0%)	125 (88.7%)	117 (87.3%)	127 (89.4%)	507 (88.6%)
Other	1 (0.6%)	4 (2.8%)	3 (2.2%)	3 (2.1%)	11 (1.9%)

Table 9. Race Salience by Condition, Racial/Ethnic Group, and Status as White or a Person of Color with Univariate Tests of Group Differences

	<i>Mean</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Race salience by condition			1.149	0.329
Total	3.02	1.637		
1 - <i>Content</i>	3.03	1.641		
2 - <i>Relationship, differences</i>	2.92	1.580		
3 - <i>Relationship, similarities/differences</i>	3.23	1.633		
4 - <i>Control</i>	2.90	1.690		
Race salience by racial/ethnic group			86.791	0.000*
Asian	2.26	1.251		
Black or African American	1.67	0.955		
Latino/a/x or Hispanic	2.50	1.414		
Multiracial	2.55	1.609		
Native American	2.25	0.957		
White or Caucasian	3.81	1.470		
Other	2.57	1.902		
Race salience by White Persons and Persons of Color			230.564	0.000*
White Persons	3.81	1.470		
Persons of Color	2.050	0.086		

Table 10. Pairwise Comparisons by Racial/Ethnic Group on Race Salience

(I) Race	(J) Race	Mean difference (I-J)	Std. Error	<i>p</i>
Asian	Black or African American	0.59	0.248	0.123
	Latino/a/x	-0.24	0.293	0.920
	Multiracial	-0.29	0.327	0.899
	White	-1.56	0.230	0.000*
Black or African American	Asian	-0.59	0.248	0.123
	Latino/a/x	-0.83	0.229	0.003*
	Multiracial	-0.88	0.271	0.011*
	White	-2.15	0.142	0.000*
Latino/a/x	Asian	0.24	0.293	0.920
	Black or African American	0.83	0.229	0.003*
	Multiracial	-0.05	0.313	1.000
	White	-1.31	0.210	0.000*
Multiracial	Asian	0.29	0.327	0.899
	Black or African American	0.88	0.271	0.011*

	Latino/a/x	0.05	0.313	1.000
	White	-1.26	0.255	0.000*
White	Asian	1.56	0.230	0.000*
	Black or African American	2.15	0.142	0.000*
	Latino/a/x	1.31	0.210	0.000*
	Multiracial	1.26	0.255	0.000*

*Note: *Native American* and *Other* racial/ethnic groups have been removed from these analyses given their relative underrepresentation and lack of sufficient power.

Participants were also asked whether they had ever been to counseling, with 246 (42.9%) people indicating that they had not previously been a client. For participants who had indicated attending counseling in the past ($n = 327$, 57.1%), they were directed to a series of questions regarding their experience. Of these individuals, 80 (24.4%) were currently seeing a counselor. Should the participant have been a counseling client multiple times, they were asked to answer questions about their experience in counseling as it pertained to their most recent or current relationship. The majority of participants had self-referred for counseling ($n = 211$; 64.9%), with others indicating voluntarily presenting for services following someone else's referral ($n = 61$, 18.8%); a few participants ($n = 35$, 10.8%) noted that they had been required or mandated to present for counseling. The most frequently endorsed presenting concerns were *anxiety and nervousness* ($n = 240$) followed by *depression, low mood, sadness, crying* ($n = 225$) and *stress, stress management* ($n = 154$). Fortunately, average satisfaction scores were high ($\mu = 2.45$, $SD = 1.39$), such that 61% of participants who had received counseling indicated being either *very satisfied* or *satisfied* with the services they received.

Reliability of Measures

The five outcome measures used in the current study reflected important counselor and counseling process variables identified broadly within the counseling literature, and the broaching literature in particular. Table 11 depicts the reliability scores for the four scales used, while the fifth outcome variable (desire to continue services) is comprised of a single Likert-type scale item. With the exception of cultural (missed) opportunities, the measures of the dependent variables used were highly reliable in the current sample. A Cronbach's alpha of 0.645 for cultural (missed) opportunities is lower than what has been previously observed (Owen et al., 2016), though not unsurprising given the relatively few number of items.

Table 11. Reliability of Survey Instruments

Scale	Cronbach's alpha	Items
Cultural humility	0.902	12
Cultural (missed) opportunities	0.645	5
Working alliance	0.952	12
Cross-cultural counseling competence	0.932	20

Preliminary Analyses: The Role of Race/Ethnicity and Previous Counseling Experience

Prior to testing the effect of broaching condition on ratings of the counselor and counseling process, I conducted two preliminary one-way MANOVAs to check for the presence of any group differences on the five outcome measures based on participants' previous exposure to counseling and whether or not they are a person of color based on their self-identified racial/ethnic group membership. I removed participants who self-identified as Native-American ($n = 4$) and Other ($n = 7$) with regards to their

race/ethnicity for the remainder of the analyses, given their low representation in the current sample and lack of sufficient power to compare their responses to participants across other racial/ethnic groups. Results suggested that, while previous exposure to counseling (yes/no) did not predict differences in counselor and counseling process variables in the population ($F = 0.909, p = 0.475$), racial/ethnic membership did ($F = 3.505, p = 0.00$). Through univariate follow-ups, I located this significant difference in the *cultural (missed) opportunities* variable ($F = 10.226, p = 0.00$), with White participants on average assigning lower missed opportunity scores ($\mu = 13.712, SE = 0.201$) and thus rating the counselor more favorably than participants who were Asian ($\mu = 15.568, SE = 0.201$), Black or African-American ($\mu = 15.455, SE = 0.320$), and Latino/a/x ($\mu = 16.340, SE = 0.514$). However, Multiracial individuals ($\mu = 14.900, SE = 0.643$) were not significantly different from White participants on the *cultural (missed) opportunities* measure. (It is possible that this is attributable to Type II error given their cell size of $n = 30$.) Given these results (depicted in Tables 12, 13, and 14), I elected to include the variable for race/ethnicity (with the following five groups: Asian, Black or African American, Latino/a/x, Multiracial, White) as a covariate in the main analyses.

Table 12. Preliminary MANOVAs to Determine Relevant Covariates

	Wilks' λ	F	df	p
Counseling experience	.992	0.909	5	0.475
Race/ethnicity	.879	3.505	20	0.00**

Table 13. Results for Univariate Test of Comparisons among Estimated Marginal Means by Race/Ethnicity

DV	<i>F</i>	<i>p</i>	<i>Partial eta squared</i>	<i>Observed power</i>
Cultural humility	2.017	0.091	0.015	0.604
Cultural (missed) opportunities	10.226*	0.000	0.071	1.00
Cross-cultural counseling competence	1.037	0.388	0.008	0.328
Working alliance	0.937	0.442	0.007	0.298
Interest in continuing counseling	0.761	0.551	0.006	0.245

Table 14. Pairwise Comparisons of *Cultural (Missed) Opportunities* by Race/Ethnicity

(I) Race	(J) Race	Mean difference (I-J)	Std. Error	<i>p</i>
Asian	Black or African American	0.113	0.662	0.978
	Latino/a/x	-0.773	0.775	0.319
	Multiracial	0.668	0.866	0.441
	White	1.856*	0.613	0.003
Black or African American	Asian	-0.113	0.662	0.865
	Latino/a/x	-0.886	0.606	0.144
	Multiracial	0.555	0.719	0.441
	White	1.743*	0.378	0.000
Latino/a/x	Asian	0.773	0.775	0.319
	Black or African American	0.886	0.606	0.144
	Multiracial	1.440	0.824	0.081
	White	2.628*	0.552	0.000
Multiracial	Asian	-0.668	0.866	0.441
	Black or African American	-0.555	0.719	0.441
	Latino/a/x	-1.440	0.824	0.081
	White	1.188	0.674	0.079
White	Asian	-1.856*	0.613	0.003
	Black or African American	-1.743*	0.378	0.000
	Latino/a/x	-2.628*	0.552	0.000
	Multiracial	-1.188	0.674	0.079

Hypothesis Testing

The overarching research question (RQ1) motivating the current study was the following: How do potential clients' perceptions of the counselor's multicultural orientation (cultural humility and cultural opportunities), counselor's multicultural counseling competence, working alliance, and desire to continue services differ among all four broaching conditions? Before testing hypotheses 1 through 4 (with the removal of the original Hypothesis 2 that incorporated a measure of race centrality specific to Black respondents and thus no longer fit the study sample), I checked that assumptions of MANOVA were met, including independence of groups, multivariate normality, and common variance (Rencher, 2002). Given that participants were randomly assigned to groups, the current study design incorporated this criterion. Next, univariate normality for each dependent variable was observed through Q-Q plots. Finally, to test for common variance, I performed Levene's test of homogeneity of variances, finding that the null, that there were no differences in variances for each outcome variable by condition, was accepted. This finding was also bolstered by the roughly equivalent sample sizes for each condition. Although Box's M was significant ($p = 0.032$), suggesting lack of homogeneity, in the context of roughly equal sample sizes by condition and an alpha greater than 0.001 it is acceptable practice to proceed in light of the high sensitivity of this multivariate statistic (Tabachnick & Fidell, 2001).

Table 15. Sample Descriptive Statistics on Dependent Variables by Condition

Dependent variable	Condition	N	M	SD
Cultural humility (1-strongly disagree to 5-strongly agree)	1	145	45.690	8.719
	2	136	45.683	9.048
	3	130	47.292	9.574
	4	133	43.865	8.268
	Total	544	45.625	8.963
Cultural (missed) opportunities (1-strongly disagree to 5-strongly agree)	1	145	14.159	3.362
	2	136	14.404	3.877
	3	130	13.823	3.873
	4	133	15.707	3.188
	Total	544	14.518	3.642
Cross-cultural counseling competence (1-strongly disagree to 6-strongly agree)	1	145	87.214	15.489
	2	136	90.802	14.642
	3	130	93.746	14.293
	4	133	81.812	14.607
	Total	544	88.351	15.383
Working alliance (1-seldom to 5-always)	1	145	38.559	11.728
	2	136	39.191	10.734
	3	130	40.631	11.658
	4	133	37.075	11.584
	Total	544	38.849	11.472
Interest in continuing services (1-completely interested to 6- completely uninterested)	1	145	2.83	1.186
	2	136	2.70	1.144
	3	130	2.62	1.087
	4	133	2.82	1.260
	Total	544	2.74	1.172

Hypothesis 1

Hypothesis 1: Average ratings on at least one counseling process variable (e.g., multicultural orientation, counselor's multicultural counseling competence, working alliance, and desire to continue services) will differ between at least two conditions.

In hypothesis 1, I examined average ratings of all counselor and counseling process variables (e.g., multicultural orientation, counselor's multicultural counseling competence, working alliance, and desire to continue services) to determine if differences

existed in at least one of these variables between at least two broaching conditions. I elected to conduct a MANOVA as opposed to separate univariate tests by dependent variable in order to reduce the experiment-wise error rate. Thus, should this more conservative MANOVA approach yield significant results, I would proceed in addressing my remaining hypotheses about where differences by condition existed through protected univariate tests (Rencher, 2002). The MANOVA yielded significant results ($F = 4.451, p < 0.001$) for the multivariate effect of condition when controlling for race/ethnicity (captured in Table 16), suggesting that the way a broaching statement is framed does vary how participants rate the counselor and counseling process on at least one dimension. Univariate tests located this difference in the following dependent variables: cultural humility ($F = 3.261, p = 0.021$), cultural (missed) opportunities ($F = 5.953, p = 0.001$), and cross-cultural counseling competence ($F = 15.463, p = 0.000$) (per Table 17). There were small effect sizes for broaching condition on *Cultural humility* ($\eta^2 = 0.018$) and *Cultural (missed) opportunities* ($\eta^2 = 0.032$), with a small to moderate effect size for *Cross-cultural counseling competence* ($\eta^2 = 0.079$). The magnitude of these effects were predictably modest since these dependent variables were meant to capture wide-ranging attitudes/beliefs, knowledge, skills, and orientations of counselors; one broaching statement should not completely explain variance in these ratings.

Table 16. Results for MANOVA Test of Differences on Counselor and Counseling Process Variables by Condition, Controlling for POC Status

	Wilks' λ	F	df	p	<i>Observed power</i>
Intercept	.039	2635.384	5	0.00*	1.00
Race/Ethnicity	.931	7.883	5	0.00*	1.00
Condition	.885	4.451	15	0.00*	1.00

Table 17. Results for Univariate Test of Comparisons among Estimated Marginal Means by Condition

DV	<i>F</i>	<i>p</i>	<i>Partial eta squared</i>	<i>Observed power</i>
Cultural humility	3.261	0.021 *	0.018	0.747
Cultural (missed) opportunities	5.935	0.001 *	0.032	0.956
Cross-cultural counseling competence	15.463	0.000 *	0.079	1.00
Working alliance	2.176	0.090	0.012	0.553
Interest in continuing counseling	0.964	0.409	0.005	0.264

Hypothesis 2

Hypothesis 2: Each of the three broaching conditions (1, 2, and 3) will differ from the broaching absent, control condition (4).

Next, I conducted follow-up univariate and pairwise tests to answer hypotheses 2, 3, and 4. Differences by condition, controlling for race/ethnicity, existed for the dependent variables where culture was directly considered (i.e., cultural humility, cultural missed opportunities, and cross-cultural counseling competence). In examining the pairwise comparisons, the control condition was the most different condition as compared to the others, though it was not significantly different from each experimental condition across all three of the significant dependent variables. More specifically, the control condition consistently predicted lower ratings for CCCI-R ($\mu = 81.887$, $SE = 1.286$) when compared with condition 1 ($\mu = 87.225$, $SE = 1.228$, $p = 0.003$), condition 2 ($\mu = 90.770$, $SE = 1.269$, $p = 0.000$), and condition 3 ($\mu = 93.690$, $SE = 1.299$, $p = 0.000$). For Cultural (Missed) Opportunities, the control condition ($\mu = 15.582$, $SE = 0.303$) was significantly

less favorable than condition 1 ($\mu = 14.140$, $SE = 0.290$, $p = 0.001$), condition 2 ($\mu = 14.457$, $SE = 0.299$, $p = 0.009$), and condition 3 ($\mu = 13.916$, $SE = 0.306$, $p = 0.000$). Finally, for CH, the control condition ($\mu = 43.853$, $SE = 0.775$) was only significantly different when compared with the more culturally humble condition 3 ($\mu = 47.301$, $SE = 0.783$, $p = 0.002$). Thus, condition 3 emerged as most distinct from the control condition, as participants scored this counseling experience better than the control in each culture-centered DV. (*Note:* there were no significant differences between condition 3 and the control with regards to WAIS-R and desire to continue services.) Condition 1 and Condition 2 were evaluated more positively than the control condition with respect to CCCI-R and Cultural (Missed) Opportunities.

Table 18. Pairwise Comparisons for Significant Dependent Variables

DV	(I) Condition	(J) Condition	Mean difference (I-J)	Std. Error	<i>p</i>
Cultural humility	1	2	-0.001	1.065	0.99
		3	-1.613	1.078	0.135
		4	1.835	1.072	0.087
	2	1	0.001	1.065	0.999
		3	-1.612	1.094	0.141
		4	1.836	1.090	0.093
	3	1	1.613	1.078	0.135
		2	1.612	1.094	0.141
		4	3.449*	1.104	0.002
	4	1	-1.835	1.072	0.087
		2	-1.836	1.090	0.093
		3	-3.449*	1.104	0.002
Cultural (missed) opportunities	1	2	-0.317	0.417	0.448
		3	0.224	0.422	0.595
		4	-1.442*	0.419	0.001
	2	1	0.317	0.417	0.448
		3	0.541	0.428	0.207
		4	-1.125*	0.427	0.009
	3	1	-0.224	0.422	0.595
		2	-0.541	0.428	0.207
		4	-1.666*	0.432	0.000
	4	1	1.442*	0.419	0.001
		2	1.125*	0.427	0.009
		3	1.666*	0.432	0.000
Cross-cultural counseling competence	1	2	-3.545*	1.766	0.045
		3	-6.465*	1.788	0.000
		4	5.338*	1.777	0.003
	2	1	3.545*	1.766	0.045
		3	-2.920	1.814	0.108
		4	8.883*	1.809	0.000
	3	1	6.465*	1.788	0.000
		2	2.920	1.814	0.108
		4	11.803*	1.831	0.000
	4	1	-5.338*	1.777	0.003
		2	-8.883*	1.809	0.000
		3	-11.803*	1.831	0.000

Hypothesis 3

Hypothesis 3: Both *broaching for the relationship* conditions (2 and 3) will differ from the *broaching for content* condition (1).

Following the pairwise comparisons, significant differences only existed between condition 1 (*content*) and the *relationship conditions* (2 and 3) on CCCI-R. Conditions 2 ($\mu = 90.770$, $SE = 1.269$, $p = 0.045$) and 3 ($\mu = 93.690$, $SE = 1.299$, $p = 0.000$) elicited a slightly higher average rating of the counselor's cross-cultural counseling competence compared with condition 1 ($\mu = 87.225$, $SE = 1.228$).

Hypothesis 4

Hypothesis 4: Within the two *broaching for the relationship* conditions (2 and 3), *broaching for similarities and differences* (3) will differ from the *differences only* condition (2).

In comparing conditions 2 and 3, they were not significantly different from one another across the three significant DVs. However, it is noteworthy that condition 3 consistently outperformed condition 2 in relation to the control condition. Condition 2 observed a significant improvement over the control for CCCI-R and Cultural (missed) Opportunities, whereas condition 3 represented a significantly higher score compared to the control for CH, Cultural (missed) Opportunities, and the CCCI-R.

Summary of Findings

Taken together, these results bolster the notion that the way broaching statements are framed does matter for potential clients' evaluation of the counselor and counseling process. Moreover, it appears that the impact of broaching variations is felt the most in

terms of culture-centered variables, given that the only significant differences by condition were observed for ratings of CH, Cultural (missed) opportunities, and CCCI-R, and not for WAIS-R and desire to continue counseling. Finally, through pairwise comparisons, the control condition and condition 3 emerged as most influential in driving observed differences in ratings of the counselor and counseling process, with the control condition dependably underperforming and condition 3 (*relationship, similarities and differences*) regularly over-performing. Additionally, there were similarities in how the *relationship* conditions (2 and 3) were rated by participants in terms of cross-cultural counseling competence, whereas the effectiveness of the *content* condition (1) fell between the *control* and the *relationship* conditions. Further interpretation and implications of these results, as well as how I contextualize them within the existing literature, is contained in Chapter 5.

CHAPTER V

DISCUSSION AND IMPLICATIONS

In this final chapter, I interpret the results both within the context of the current study and in relationship to the broaching and culturally responsive counseling literatures. I include implications for counseling practice and counselor training. Finally, I discuss the limitations inherent to the study and imagine potential avenues for future exploration.

Differences by Status as a Person of Color or White Person

The widely held notion that discussions about race and racism are more often initiated (Knox et al., 2003; Sue, 2015; White-Davis, Stein, & Karasz, 2016) and indeed better received (Trawalter & Richeson, 2008; White-Davis, Stein, & Karasz, 2016; Zhang & Burkard, 2008) by minoritized individuals led me to examine racial/ethnic group differences in evaluations of the counselor/counseling process. On the whole, there were surprisingly few differences in average scores across participants of diverse races/ethnicities. Only one dependent variable, *Cultural (Missed) Opportunities*, elicited higher rated *missed opportunities* from People of Color (specifically Asian, Black or African American, and Latino/a/x participants). In contrast, White participants had significantly more favorable, lower *missed opportunity* ratings for the counselor depicted in the vignettes. This trend appears to be untrue for multiracial participants in the sample (though this could be attributable to lower power) and was not possible to adequately

examine for individuals who were Native-American or “Other” given the extremely low representation of these groups in the current sample.

White individuals’ lower *Cultural (Missed) Opportunities* score can be contextualized with previous literature. For example, in a study of cross-racial counseling dyads, Zhang and Burkard (2008) concluded that White clients’ unchanged evaluations of a Black counselor when they discussed race together coupled with Black clients’ greater reported benefit from a racial dialogue with a White counselor reflected the following: White individuals do not have to “contend with the implications of their racial heritage” (p. 84) and may immediately perceive a more level distribution of power in cross-racial counseling relationships than minoritized individuals given their White privilege. Clients’ very awareness of whether or not cultural issues are at play within a session could be influenced by their race/ethnicity (Owen et al., 2011), such that clients from dominant groups are less apt to notice the relevance of race within interactions. It follows that, for White individuals, there may be less perceived harm (or *missed opportunities*) when race is not addressed and cross-racial relationships do not necessarily trigger conversations about race.

Moreover, White individuals in the present study had significantly lower average race salience in comparison with Asian, Black or African American, Latino/a/x, and Multiracial participants. Racial identity factors have been theorized to impact both the way in which broaching statements are received (Day-Vines et al., 2007) and how cross-cultural counseling is perceived (Owen et al., 2011); thus, it might be expected that White participants had markedly lower race salience scores and followed this same pattern of

less favorable ratings of the counselor's use of *cultural opportunities*. By contrast, similar race salience scores across racial/ethnic minority groups may reflect some shared experiences of oppression (Sue, 2015) and could confirm the greater therapeutic benefits of broaching for People of Color (Knox et al., 2003; Zhang & Burkard, 2008). It is noteworthy that Black or African American participants had the strongest average race salience scores, and that these scores were significantly stronger than Latino/a/x, Multiracial, and White participants. Given the history of anti-Black racism in the United States (Ladson-Billings & Tate, 2006; Lynn, Jennings, & Hughes, 2013), particularly in the southeastern United States where this study was completed, it is understandable that this group of participants may have higher salience scores. There is a need for more data and continued study to tease apart the complexities of race salience and broaching needs for members of various racial/ethnic minority groups.

With regards to methodology, researchers have previously looked at experiences of Black clients (e.g., Hook et al. 2013) or aggregated minorities (Davis et al., 2016; Owen et al., 2011) to examine counselor cultural responsiveness. The preliminary analyses in the current study suggested the potential to aggregate responses due to similar ratings on the dependent variables of interest. Although White individuals on average perceived fewer *missed opportunities* to discuss culture in session, and in that sense could be contrasted from People of Color, the different pattern of responding for Multiracial individuals gave pause to erasing this difference through aggregation. As a result, I chose to include racial/ethnic group membership as a covariate as opposed to grouping non-White individuals together for analysis. In the current study, similarities in evaluations of

the counselor and counseling process on key dependent variables was observed, with the most significant differences being driven by the effect of broaching condition. However it is also important to not lose sight of the fact that there is a great deal of within group variation, and by extension variation in response to broaching statements (Day-Vines et al., 2007), that should be studied further.

Differences by Experimental Condition

The generally positive average evaluations of the counselor and counseling process across conditions make sense given that the vignettes were created to depict a neutral to good exchange between the counselor and client. Since the vignette counselor displayed basic facilitative counseling skills and was engaged in session, it follows that she would receive medium to high average ratings on key dependent variables. Each of the five dependent variables was normally distributed, with enough variance to suggest that individual differences in experiencing the vignettes were also captured. Even so, there were significant differences on the culture-centered variables (*cultural humility*, *cultural opportunities*, and *cross-cultural counseling competence*) by condition. Previous researchers have identified how culturally competent counseling requires skills above and beyond strong general counseling skills (Cates et al., 2007; Pope-Davis et al., 2002; Tsang, Bogo, & Lee, 2011). This finding provides additional support in that, when the vignette counselor delivered a broaching statement, this predicted an improvement to general culturally responsive counseling qualities. In other words, there is room for improvement with respect to potential clients' perceptions of counselors' cultural

responsiveness that can be tapped into when counselors make use of more direct, culturally relevant skills in session.

Furthermore, there was some evidence that broaching as a skill does map onto broad qualities like multicultural orientation and multicultural counseling competence. With this confirmation, counselors are able to more specifically enact their value for providing culturally responsive services. The general effectiveness of broaching was evident when comparing the average scores for each of the three broaching conditions to the control condition. For both *cross-cultural counseling competence* and the counselor's use of *cultural opportunities* in session, all three broaching conditions surpassed the control condition. This same pattern was not demonstrated for *cultural humility*; rather only condition 3 (*relationship, similarities and differences*) was distinct from the control. Descriptions of cultural humility as a “way of being” and stance that a counselor can embody (Hook et al., 2013), suggests that this quality in particular may be more demonstrable with time and an extended relationship, whereas cross-cultural counseling competence and whether or not the counselor pursues opportunities to talk about culture could be considered more tangible (to varying degrees they advance a “way of doing” culturally responsive counseling).

The relative preference for condition 3 (*relationships, similarities and differences*) merits further attention, particularly given that condition 3 was the only broaching statement to predict an increase in average cultural humility scores. As a departure from conditions 1 and 2, condition 3 was slightly longer in length and involved more counselor self-disclosure that also presented a more layered discussion of identity (through

discussing both gender *and* race). Perhaps these nuances conveyed a greater openness and curiosity on the part of the counselor that is consistent with the stance of cultural humility. In terms of cultural (missed) opportunities, the broaching conditions did not differ from one another on this outcome, though they each represented an improvement over the control. It seems that broaching, regardless of its varying components, is an effective way to demonstrate investment in pursuing discussions about culture. The broaching components seem to matter more for participants' evaluation of the counselor's cross-cultural counseling competence. For this dependent variable, the relationship conditions (2 and 3) represented a marked improvement over both the control condition *and* the content condition (1), though whether or not the counselor focused on *differences* or a balance of *similarities and differences* did not result in different average scores. These contrasts suggested that potential clients prefer that counselors involve themselves in the broaching statement, and that simply raising the subject of race and racism may not in and of itself convey the sense that the counselor as a person is more equipped to work with minoritized clients. Given the centrality of self-awareness in multicultural counseling models (e.g., Ratts et al., 2015; Sue, Arredondo, & McDavis, 1992), as well as the self of the counselor as an important instrument in fostering the counseling relationship (Hill, 2014), it makes sense that more relational approaches to discussing issues of culture and power are better received.

In contrast to cultural humility, scholars have described counselors' cross-cultural counseling competence as connected to "overt interventions" that are more widely visible to all clients (Owen et al., 2011) and as a quality that should be communicated to clients

in the course of a counseling session (Fuertes et al., 2006). Perhaps this relatively active description of competence, along with its rootedness in actual counseling interventions, explains the more obvious connection participants made between broaching in an intake and the counselors' cross-cultural abilities. Broaching, when depicted as a concrete skill (conditions 1, 2, and 3), seemed to map on best to the tangible "way of doing" alluded to in models of multicultural counseling competence. The link between specific counselor behaviors predicting increases in the aspirational quality of multicultural counseling competence, aids counselors' understanding of how broaching practices can be beneficial in an intake session. Amidst the numerous calls to examine how multicultural counseling competence plays out in the context of counseling (Alberta & Wood, 2009; Fuertes et al., 2006; Priester et al., 2008; Sue, 2011) it is useful to establish that this link exists and to continue behaviorally defining and validating culturally responsive counseling skills.

Implications for Counseling Practice

Ultimately, the present study supports counselors in making broaching a priority for beginning new counseling relationships, given the potential clients' more favorable perceptions of the counselor and counseling process. What's more, these ratings showed similar benefits from broaching across racial/ethnic group, and varying levels of race salience, of potential clients. It seems that raising the subjects of race and racism could be one way to build clients' expectation that their counselor is culturally competent or oriented to their culture. In this way, the initial broaching statement provides an alternative to race-neutral "counseling as usual." Although the control condition was well regarded by participants, it does not perform nearly as well on crucial cross-cultural

counseling variables (i.e., cultural humility, cultural opportunities, and cross-cultural counseling competence).

Counselors who are invested in communicating that they are attuned to culture and issues of power should consider how they would frame their own initial broaching statements. This practice might include a demonstrated awareness of intersectionality such that clients are invited to talk about their identity and lived experiences in holistic terms. Based upon the marked preference for condition 3 (*relationships, similarities and differences*) followed by condition 2 (*relationships, differences*), it might be important to acknowledge multiple identities, recognize shared identities with the client, and involve the self of the counselor in the broaching statement. Although this might be a departure from the original goal of focusing in on differences between the counselor and client with respect to race (e.g., Fuertes et al., 2002; Knox et al., 2003), it seems that the benefits of establishing common ground from which to explore differences also is appreciated. Similarly, invoking the relationship between the counselor and client can be helpful in terms of more skill-based outcomes (i.e., cultural missed opportunities and cross-cultural counseling), insofar as the counselor self-discloses and acknowledges how their positionality impacts the relationship and work of counseling.

The need for ongoing broaching dialogues (Cardemil & Battle, 2003; Day-Vines et al., 2013) that offer great range and depth with respect to the client's unique situation (both in terms of identity and systemic issues they may be facing) might account for the lesser impact of the initial broaching statements on cultural humility. Perhaps cultural humility is a more diffuse, dispositional quality than multicultural counseling

competence, and as such requires more contextual information to evaluate. As a result, it may be that competence can be conveyed with greater ease up front – merely raising topics related to race and racism from a humble and curious place represents a departure from the status quo – whereas cultural humility may be crystallized at later points in the counseling process with consistent demonstrations that the counselor is committed to empathizing with the client’s worldview. With this in mind, it will be important to allow for a broaching dialogue to unfold that is client-centered. In this way, the counselor can respond from a stance of cultural humility, attend to the client’s intersectionality, and monitor the client’s response to the conversation.

Much of the genuineness required of broaching interventions can be demonstrated when counselors find their own voices in addressing issues of culture and power, particularly as they involve their own identities and experiences. Counselors will need to adapt the language of their broaching statement according to factors such as their particular style (e.g., the use of humor or more Socratic style questions), the salient demographics between themselves and their client (e.g., where the areas of similarity and difference lie), as well as the community in which they live and work (e.g., the presence of recurring systemic issues for client populations served in a particular clinic). All of these stylistic and contextual factors should be considered and re-considered as counselors work with new clients and receive new pieces of feedback about the process and function of broaching conversations. As always, the counselor should remain attuned to the client’s experience of the conversation, avoid making assumptions or stereotypic

generalizations about any given cultural group, and follow the client's lead once the topic has become speakable in session.

Implications for Teaching

Counselor educators can also improve their instruction in broaching as a skill in light of the current study. First, counselor trainees should be presented with the empirical evidence that broaching adds a small yet significant benefit to the counseling process when all else is held equal. This information might be particularly useful for students voicing hesitation about bringing up “irrelevant” topics or fearing that they may offend the client (Jones & Welfare, 2017; Knox et al., 2003). Additionally, in the event that clients do not raise cultural topics themselves, there is empirical support for the counselor taking initiative to begin this discussion, in addition to the arguments previously advanced by scholars (e.g., Cardemil & Battle, 2003). In other words, broaching should be discussed as a skill that the counselor is ultimately responsible for enacting. Situating *proactive, pointed* broaching interventions within the intake counseling session can foster a more regular practice of having these conversations.

Instructors can also focus on broad guidelines for how to introduce a broaching conversation during intake, including (a) normalizing the broaching statement (i.e., “Often, I ask my clients about their race, ethnicity, and other cultural identities...”); (b) attending to individual level identity in addition to systemic experiences of oppression (i.e., race and racism); (c) probing clients for their perspective (i.e., “I wonder how you see your race, or even experiences of racism, being related to what brings you in for counseling?”). These guidelines were consistently demonstrated across broaching

conditions in the current study with appeal to potential clients beyond the control condition. Further, counselor educators can discuss specific elements present in the preferred condition 3: attention to the relationship by balancing both similarities shared with the client in addition to areas of difference. This approach also allows for trainees to consider how they might adapt the initial broaching statement based on their positionality as well as the client they are working with. Counselor educators could pose questions about how the counselor might carry out broaching differently if they belonged to the marginalized group or if the client identity was more invisible (e.g., religion, ability) and came to the surface over time. It could be instructive to also consider how the counselor might determine which identities to broach with clients and how they can both be pointed while also not making assumptions about the client. For example, although race and gender can be visible differences, such visual cues do not provide the language the client uses to describe him/her/their-self (e.g., woman or genderqueer) or complete information about the person's background (e.g., individuals who are Afrolatino/a/x or multiracial). As a result, counselor educators can talk through ideas for eliciting this information from the client (e.g., intake paperwork) or repairing ruptures should the counselor misattribute some aspect of the client's identity.

Additionally, broaching should be enacted as a skill in the context of the counselor's genuine investment in the conversation to follow. Although the current analogue study did not capture the unfolding conversation or slight variations in style of delivery, instruction in broaching certainly should. Instructors may consider broaching within the classroom or supervision setting (White-Davis, Stein, & Karasz, 2016) to

introduce the concept that there are multiple fruitful ways to broach (La Roche & Maxie, 2003). Using self-disclosure in this manner to share about the instructor's own identities could offer another example of how to approach conversations about culture and power. In the process, counselor educators would normalize approaching these topics and model the need to prioritize issues related to diversity in social justice. Moreover, the student or supervisee in this scenario might be able to reflect on the effect that broaching had on bringing about a more egalitarian, relational experience.

Limitations

It is important to consider this study in light of its limitations. The analogue nature of this design presents a tradeoff between increased experimental controls and decreased external validity. More specifically, the precise broaching components debated within the literature were operationalized and tested, while the participant-clients were asked to evaluate a fictional counselor who was not their own. Thus, there was direct feedback about the *goals* and *similarities and/or differences* broaching components without the setting of an actual counselor-client relationship. This arrangement could raise issues if, for example, survey participants had difficulty identifying with the client or providing an evaluation of the counselor depicted in the video vignette. This difficulty could have been especially present for White participants given their lower race salience. Furthermore, as an analogue design, the researcher made numerous choices in writing the counseling session script, particularly the broaching intervention segments. Although the researcher took steps to render a faithful depiction of broaching, there were surely nuances of tone, style, and phrasing that come through in the interaction. For instance,

the broaching statements were somewhat contrived in that they must have carried core broaching tenets, the experimental manipulation, and also stand on their own without a client response in order to faithfully reflect the broaching literature and not bias participants' reactions to the statement. In order to minimize the impact these factors could have on survey results, the researcher attempted to keep them consistent across videos and focused exclusively on race and racism. It will be important to consider the study findings alongside the script used, such that in the future researchers and practitioners can experiment with different variations in tone and style on broaching.

The dependent variables selected for this investigation have surfaced in the qualitative literature (e.g., working alliance) or seem to reflect the intended counselor stance or area of competence (e.g., cultural humility). Future researchers might include additional therapeutic factors of interest such as perceived counselor credibility or empathy, as these are both important catalysts for client engagement in the counseling process and ultimately for client change (Choi, Mallinckrodt, & Richardson, 2015; Hill, 2014). Selecting alternative dependent variables might be especially important in light of the relatively low observed reliability for *culture (missed) opportunities*. This variable is perhaps limited by low internal consistency of items or its transferability across samples. Thus, findings related to this variable should be interpreted with caution. Additionally, the researchers' decision to focus on a cross-racial dyad with a White woman counselor and Black woman client was influenced by the state of the literature with its focus on broaching race and race difference (e.g., Fuertes et al., 2002; Maxie, Arnold, & Stephenson, 2006). To this end, participants necessarily responded to visual cues within

the vignette that race was an area of difference but we do not know which cues (e.g., hairstyle, dress) may have influenced participant responses or how they may have interpreted them. Thus this project is limited in its ability to provide generalizable guidelines for broaching scenarios related to other counselor and client identities (e.g., sexual orientation, religion, socioeconomic status) or at other moments in the counseling process (e.g., in response to a rupture in the relationship).

Finally, the researcher focused on a cross-racial counseling dyad with the assumption that this difference is especially salient and especially challenging to address for White individuals given the social taboo on discussing race and racism (Chang & Yoon, 2001; Thompson & Jenal, 1994). In doing so, these findings are geared towards the education and preparation of White counselors in culturally responsive skills that will hopefully be effective in working with Black or racially/ethnically minoritized clients. An important consequence is that counselor trainees of Color's learning needs are not directly addressed by the results of this study, representing a commonly expressed limitation of cross-cultural counseling coursework (Seward, 2014).

Suggestions for Future Research

Moving forward, scholars can advance counselors' and counselor educators' understanding of broaching in three key ways. First, although the current analogue study offers high experimental control, qualitative projects can illuminate nuances of context and style for initial broaching statements. Qualitative methodologies may be especially suited for conceptualizing identity more intersectionally. Given that counselors and clients belong to multiple, dynamic cultural groups with varied histories of privilege and

marginalization (Ratts et al., 2015), it is increasingly important to chart how broaching dialogues unfold and evolve across contexts.

Second, there is a strong need for process and outcome research on culturally responsive counseling skills in naturalistic settings: within actual counselor-client relationships. Although the current study required participants to identify with the vignette client and imagine receiving the counselor's intervention, research on true counseling relationships might offer more generalizable and/or transferrable findings. In this same vein, longitudinal designs could better capture broaching as a recurring intervention, thus allowing scholars and counselors to define the various functions of broaching throughout the lifespan of the counseling relationship. Does broaching fundamentally change the nature of the counseling relationship or the course of counseling? If so, how? These questions must be addressed within the context of actual counseling relationships with counselors who routinely engage this skill. Such investigations could both expand the empirical base for the benefits of broaching and also point to additional, more complex cross-cultural skills.

Third, I argue that the positionality of the counselor, the client, and the specific aspect(s) of identity being raised in session ought to matter. The interpersonal quality of broaching is especially salient in light of the findings that the *relationship* conditions (2 and 3) were favored to the content only condition in terms of cross-cultural counseling competence. Further, the *similarities and differences* condition (3) was preferred across all culture-centered dependent variables. In the future, researchers should focus on advancing our understanding of how the counselor can continue to come alongside the

client in having dialogues about culture and power. This focus will be especially important as broaching occurs at other points in the counseling relationship and the counselor is presented with decisions about when and how to involve themselves and their positionality in the counseling process. Given the significant, positive effects of counselor broaching statements that acknowledged multiple, layered identities of both similarity and difference, researchers should move forward with investigations of broaching that attends to intersectionality more explicitly.

In Conclusion

The project of becoming more culturally responsive as practitioners, educators, and researchers in the counseling profession is a mighty and arduous one. It involves dynamic, emotional, personal, and systemic qualities that inform our beliefs about the way the world works and our place within it. It touches on the highly charged social stratification that can ravage whole lives and communities while smoothing the path forward for others. Scholars of color have led the charge with deep conviction, advocating that counseling paradigms and practices do not become rigid, out of touch, and culturally encapsulating. As result, the counseling field has been presented with righteous and rigorous critical analyses of the Whiteness underlying “counseling as usual.” With this foundation, the field must advance by holding professionals accountable for making tangible changes within their practice; displacing Whiteness. This study is meant to be but one step forward in the walk towards greater cultural responsiveness, suggesting to us that there is some good in directly approaching the realities of race and

racism in our lives and doing so with the humble awareness that we are all involved and would do well to invoke our own varied positionalities in these broaching dialogues.

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APPENDIX A

COUNSELING VIDEO SCRIPTS: DRAFT, ANNOTATED EDITS, FINAL

Initial draft general script

Counselor: Hmm ok. Tell me a little bit more about what has been going on.

Client: Well, I have not been feeling well lately. That makes it hard to get stuff done. I feel tired and sad and have been keeping to myself, not going out to see friends or family or do things as much.

Counselor: Sounds like there is this heavy, almost sick, feeling.

Client: Yeah, but the thing is, I'm not sick. I just feel kind of out of it. I can't even really point to what is making me sad.

Counselor: You feel really down right now and also a bit frustrated that you feel this sadness.

Client: Exactly. I have a friend who tries to encourage me. She tells me that I need to get out and do things I enjoy.

Counselor: Your friend really wants you to feel better, get back out there.

Client: Ugh, she does! It is hard to explain to her that I'm just too tired right now. (sigh)

Counselor: You looked and sounded exhausted when you said that.

Client: I wish I wasn't. I feel like I only have enough energy to go to work.

Counselor: So, you do go to work. What is that like?

Client: I mean, I miss days here and there, but yeah. I go to work. I need to and it does get my mind off things some.

Counselor: You feel some relief by going to work.

Client: I guess you could say that. It can be good to focus on something else. But then again work can be stressful too.

Counselor: Ah so even this part of your life that you have kept going, even that is challenging.

Client: Right....

Counselor: Tell me about the stressful parts of work.

Client: Oh, just trying to make deadlines and stay on top of my responsibilities. I don't want to fall behind.

Counselor: You feel some pressure to perform well.

Client: I do feel pressure, and I think I am handling it pretty well actually. The biggest thing I am missing out on right now is my relationships...

Counselor: Okay, so this is the area of your life that feels the hardest to keep up right now.

Client: Mhm! And the thing is, I used to be so active, always meeting up with friends, seeing family really often too. Like, I know my mom is worried about me, and calls to check in on me, but I hardly ever answer.

Counselor: You have kind of gone into hiding.

Client: Haha, yup.

Counselor: Sounds like you miss feeling close to her though.

Client: I do. And I don't want to cause problems for her.

Counselor: Ahh, there's some guilt in there too.

Client: I mean, I hadn't thought of it that way, but I guess I feel guilty about a lot of different things. Like work, not being around as much for family. I kind of fell off the map. I'm just not a great person right now.

Counselor: You're "not a great person right now"...

Client: I want to get back to how I was before I started feeling so low. That's really why I am here.

Initial draft broaching statements

Condition 1 *Broaching for content.* Often, I ask my clients about their racial and ethnic background because it helps me have a better understanding of who they are. It can also be related to what you want to talk about, if you have been, for example, thinking about your identity, experiencing discrimination, or maybe having conflict with people in your racial group or outside of it. First, I wonder how you see your race/ethnicity, or even experiences of racism, being related to what brings you in for counseling?

Condition 2 *Broaching for the relationship, focus on differences.* Often, I ask my clients about their racial and ethnic background because it helps me have a better understanding of who they are. Just by looking, I can see that this is an area of difference for us which could, at times, mean that I will not have the same perspective on something or be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not experience racism. So first, I wonder how you feel about working on your concerns with someone who is White?

Condition 3 *Broaching for the relationship focus on similarities and differences.* Often, I ask my clients about their cultural background or identity because it helps me have a better understanding of who they are. The fact that we are both women means we probably have *some* shared experiences because of that; maybe we have both felt pressure to act or look a certain way before. I also am aware that racially we are different, which could, at times, mean that I will not have the same perspective on something or be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not experience racism. That being said, I wonder how you feel about working on your concerns with someone who is White?

Annotated Edits General Script and Broaching Statements

Counselor: Hmm ok. Tell me a little bit more about what has been going on.

Client: Well, I have not been feeling well lately. That makes it hard to get stuff done. I feel tired and sad and have been keeping to myself, not going out to see friends or family or do things as much.

Counselor: Sounds like there is this heavy, almost sick, feeling.

Client: Yeah, but the thing is, I'm not sick. I just feel kind of out of it. I can't even really point to what is making me sad.

Counselor: You feel really down right now and also a bit frustrated that you feel this sadness.

Client: Exactly. I have a friend who tries to encourage me. She tells me that I need to get out and do things I enjoy.

Counselor: This friend really wants you to feel better, get back out there.

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Client: Ugh, she does! It is hard to explain to her that I'm just too tired right now. (sigh)

Counselor: You looked and sounded exhausted when you said that.

Client: I wish I wasn't. I feel like I only have enough energy to go to work.

Counselor: Even with this very tired feeling, you still go to work. What is that like?

Deleted: So, you do go to work.

Client: I mean, I miss days here and there, but yeah. I go to work. I need to and it does get my mind off things some.

Counselor: You feel some relief by going to work.

Client: I guess you could say that. It can be good to focus on something else. But then again work can be stressful too.

Counselor: Ah so even this part of your life that you have kept going, even that is challenging.

Client: Right....

Counselor: Tell me about the stressful parts of work.

Client: Oh, just trying to make deadlines and stay on top of my responsibilities. I don't want to fall behind.

Counselor: You feel some pressure to perform well.

Client: Hmm, yes and no. I think I am handling it pretty well though. The biggest thing I am missing out on right now is my relationships...

Deleted: I do feel pressure

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Counselor: Okay, so this is the area of your life that feels the hardest to keep up right now.

Client: Mhm! And the thing is, I used to be so active, always meeting up with friends, seeing family really often too. Like, I know my mom is worried about me, and calls to check in on me, but I hardly ever answer.

Counselor: You have kind of gone into hiding.

Client: Haha, yup.

(client looks down, working silence)

Counselor: Sounds like you miss feeling close to her though.

Client: I do. And I don't want to cause problems for her.

Counselor: Ahh, there's some guilt in there too.

Client: I mean, I hadn't thought of it that way, but I guess I feel guilty about a lot of different things. Like work, not being around as much for family. I kind of fell off the map. I'm just not a great person right now.

Counselor: You feel like you're not a great person right now.

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Client: I want to get back to how I was before I started feeling so down. That's really why I am here.

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Condition 1 Broaching for content. Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. It can also be related to what you want to talk about, if you have been, for example, thinking about your identity, experiencing discrimination, or maybe having conflict with people in your racial group or outside of it. First, I wonder how you see your race, or even experiences of racism, being related to your goals for counseling?

Deleted: racial and ethnic background

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Condition 2 Broaching for relationship, differences. Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. It looks like race is one area of difference for us, which could, at times, mean that I will not be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not completely understand how racism is experienced by people of color. It is also important to me that you feel you can be authentic and share how you see things in here. First, I wonder how you see your race, or even experiences of racism, being related to what brings you in for counseling.

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Condition 3 Broaching for relationship, similarities and differences. Often, I ask my clients about their racial or ethnic background and other cultural identities, because it helps me have a better understanding of who they are. The fact that we are both women means we may have some shared experiences because of that; maybe we have both felt pressure to act or look a certain way before. It looks like race is one area of

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difference for us, which could, at times, mean that I will not be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not completely understand how racism is experienced by people of color. It is also important to me that you feel you can be authentic and share how you see things in here. First, I wonder how you see your race, or even experiences of racism, being related to what brings you in for counseling.

Deleted: I also am aware that racially we are different

Deleted: have the same perspective on something or

Deleted: experience racism

Deleted: That being said, I wonder how you feel about working on your concerns with someone who is White?

Final General Script

Counselor: Hmm ok. Tell me a little bit more about what has been going on.

Client: Well, I have not been feeling well lately. That makes it hard to get stuff done. I feel tired and sad and have been keeping to myself, not going out to see friends or family or do things as much.

Counselor: Sounds like there is this heavy, almost sick, feeling.

Client: Yeah, but the thing is, I'm not sick. I just feel kind of out of it. I can't even really point to what is making me sad.

Counselor: You feel really down right now and also a bit frustrated that you feel this sadness.

Client: Exactly. I have a friend who tries to encourage me. She tells me that I need to get out and do things I enjoy.

Counselor: This friend really wants you to feel better, get back out there.

Client: Ugh, she does! It is hard to explain to her that I'm just too tired right now. (sigh)

Counselor: You looked and sounded exhausted when you said that.

Client: I wish I wasn't. I feel like I only have enough energy to go to work.

Counselor: Even with this very tired feeling, you still go to work. What is that like?

Client: I mean, I miss days here and there, but yeah. I go to work. I need to and it does get my mind off things some.

Counselor: You feel some relief by going to work.

Client: I guess you could say that. It can be good to focus on something else. But then again work can be stressful too.

Counselor: Ah so even this part of your life that you have kept going, even that is challenging.

Client: Right....

Counselor: Tell me about the stressful parts of work.

Client: Oh, just trying to make deadlines and stay on top of my responsibilities. I don't want to fall behind.

Counselor: You feel some pressure to perform well.

Client: Hmm, yes and no. I think I am handling it pretty well though. The biggest thing I am missing out on right now is my relationships...

Counselor: Okay, so this is the area of your life that feels the hardest to keep up right now.

Client: Mhm! And the thing is, I used to be so active, always meeting up with friends, seeing family really often too. Like, I know my mom is worried about me, and calls to check in on me, but I hardly ever answer.

Counselor: You have kind of gone into hiding.

Client: Haha, yup. (client looks down, working silence)

Counselor: Sounds like you miss feeling close to her though.

Client: I do. And I don't want to cause problems for her.

Counselor: Ahh, there's some guilt in there too.

Client: I mean, I hadn't thought of it that way, but I guess I feel guilty about a lot of different things. Like work, not being around as much for family. I kind of fell off the map. I'm just not a great person right now.

Counselor: You feel like you're not a great person right now. What does that mean for you?

Client: I want to get back to how I was before I started feeling so down. That's really why I am here.

Final Broaching Statements

Condition 1 *Broaching for content.* Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. It can also be related to what you want to talk about, if you have been, for example, thinking about your identity, experiencing discrimination, or maybe having conflict with people in your racial group or outside of it. First, I wonder how you see your race, or even experiences of racism, being related to what brings you in for counseling.

Condition 2 *Broaching for relationship, differences.* Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. It looks like race is *one area* of difference for us, which could, at times, mean that I will not be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not completely understand how racism is experienced by people of color. It is also important to me that you feel you can be authentic and share how you see things in here. First, I wonder how you think our difference in race might impact our work together and our relationship.

Condition 3 *Broaching for relationship, similarities and differences.* Often, I ask my clients about their racial or ethnic background and other cultural identities because it helps me have a better understanding of who they are. The fact that we are both women means we *may* have *some* shared experiences because of that; maybe we have both felt pressure to act or look a certain way before. It looks like race is *one area* of difference for us, which could, at times, mean that I will not be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not completely understand how racism is experienced by people of color. It is also important to me that you feel you can be authentic and share how you see things in here. First, I wonder how you think our difference in race might impact our work together and our relationship.

APPENDIX B

PILOT STUDY PHASE 1 AND 2 MATERIALS

Pilot Study Phase 1

Thank you for participating! I hope to receive your feedback on the materials included in this packet. You will be presented with a script followed by questions to prompt your evaluation and then three counselor statements with a similar set of evaluation questions. You are also welcome to use track changes and insert comments to this document in order to illustrate specific feedback or alterations you would make to the script and/or statements.

If you feel comfortable doing so, please indicate how you identify in the space provided.

What is your gender? _____

What is your race/ethnicity? _____

Please read through the following script depicting an exchange between a counselor and client within an intake session. After the script there are 3 questions to elicit your feedback on the script. The goal is for this portion of the script to read like a natural, real-world counseling session. The session is meant to flow well and depict positive rapport-building.

Counselor: Hmm ok. Tell me a little bit more about what has been going on.

Client: Well, I have not been feeling well lately. That makes it hard to get stuff done. I feel tired and sad and have been keeping to myself, not going out to see friends or family or do things as much.

Counselor: Sounds like there is this heavy, almost sick, feeling.

Client: Yeah, but the thing is, I'm not sick. I just feel kind of out of it. I can't even really point to what is making me sad.

Counselor: You feel really down right now and also a bit frustrated that you feel this sadness.

Client: Exactly. I have a friend who tries to encourage me. She tells me that I need to get out and do things I enjoy.

Counselor: Your friend really wants you to feel better, get back out there.

Client: Ugh, she does! It is hard to explain to her that I'm just too tired right now. (sigh)

Counselor: You looked and sounded exhausted when you said that.

Client: I wish I wasn't. I feel like I only have enough energy to go to work.

Counselor: So, you do go to work. What is that like?

Client: I mean, I miss days here and there, but yeah. I go to work. I need to and it does get my mind off things some.

Counselor: You feel some relief by going to work.

Client: I guess you could say that. It can be good to focus on something else. But then again work can be stressful too.

Counselor: Ah so even this part of your life that you have kept going, even that is challenging.

Client: Right....

Counselor: Tell me about the stressful parts of work.

Client: Oh, just trying to make deadlines and stay on top of my responsibilities. I don't want to fall behind.

Counselor: You feel some pressure to perform well.

Client: I do feel pressure, and I think I am handling it pretty well actually. The biggest thing I am missing out on right now is my relationships...

Counselor: Okay, so this is the area of your life that feels the hardest to keep up right now.

Client: Mhm! And the thing is, I used to be so active, always meeting up with friends, seeing family really often too. Like, I know my mom is worried about me, and calls to check in on me, but I hardly ever answer.

Counselor: You have kind of gone into hiding.

Client: Haha, yup.

Counselor: Sounds like you miss feeling close to her though.

Client: I do. And I don't want to cause problems for her.

Counselor: Ahh, there's some guilt in there too.

Client: I mean, I hadn't thought of it that way, but I guess I feel guilty about a lot of different things. Like work, not being around as much for family. I kind of fell off the map. I'm just not a great person right now.

Counselor: You're "not a great person right now"...

Client: I want to get back to how I was before I started feeling so low. That's really why I am here.

Now that you have read through the script, please write down your thoughts in response to the questions below. Feel free to mark up the script to illustrate any changes you would like to make.

1. What are your reactions to this script?
2. Is there anything you would alter, remove, or add to the script so that it feels more natural or realistic? Please describe those suggested changes.
3. Other observations or suggestions?

Next you will review broaching statements that the counselor makes to the client in this session. As a term, broaching refers to “the counselor's efforts to initiate or respond to racial, ethnic, and cultural stimuli that arise during treatment; translate the client's sociocultural and sociopolitical realities into meaningful counseling practice; and subsequently promote client empowerment, coping, problem solving, resilience, and more effective functioning” (Day-Vines & Holcomb-McCoy, 2013; p. 211).

Broaching is regularly recommended within the multicultural competence literature, and research confirms that broaching with racial/ethnic minority clients within the first 3 counseling sessions does connect to improvements in the counseling relationship and perceived counselor credibility. Many scholars recommend broaching during the first (intake) session.

Scholars also regularly argue that race is an especially salient category of identity and that Black or African American clients might also have the greatest need for broaching interventions when working with White service providers. This makes sense in the context of a history of oppression in health care settings and reported challenges in talking about racism with members of the dominant, White racial group.

I want to test out how White counselors can phrase broaching statements to be delivered to Black clients in the intake session. Accordingly, the script you read before is an exchange between a Black client and a White counselor and will be shown to all participants. In my study I will test out three different broaching statements that focus on race and racism, so that each participant will be randomly assigned to a condition with one of the three broaching statements appended to the script you read earlier. There are a number of different considerations to make in phrasing these broaching statements, with some disagreement among scholars for precisely how to do so. The statements I will test out in my study vary in terms of the following components:

<p><i>Similarities and/or differences</i> – debate about whether or not to focus exclusively on differences between counselor and client OR a balance of cultural similarities and differences in broaching statements</p>	<p>-<i>Focus on differences</i> is consistent with the core need to improve understanding of culturally different clients and acknowledge potential barriers to the relationship or differing perspectives that can come with cultural difference. In this approach the counselor places a premium on talking about areas of dissimilarity with the client.</p> <p>-<i>Focus on similarities and differences</i> involve the counselor identifying shared and divergent identities that they have with the client in order to address differences from a base of mutual understanding or compatibility along another cultural dimension.</p>
<p><i>Broaching goal</i> – debate over a focus on client content or the counseling relationship within an initial broaching statement</p>	<p>-<i>Broaching for the relationship</i> is motivated by the need to acknowledge race/ethnicity and culture as it operates between the counselor and client, their worldviews, values, and experiences, as well as power imbalances in the relationship.</p> <p>-<i>Broaching for content</i> is motivated by the need to connect client presenting concerns and goals to their cultural identities and experiences of oppression as well as facilitate insight, development, and action within these areas.</p>

Below you will see a list of 3 conditions with their descriptions (i.e., which broaching components are included within the broaching statement) on the left and a list of 3 broaching statements on the right. Match the statement with condition that describes it, given your understanding of the components from the above table, by indicating which lettered statement corresponds to each numbered condition.

Condition 1

Broaching for content

Condition 2

Broaching for the relationship, focus on differences

Condition 3

Broaching for the relationship, focus on similarities and differences

A. Often, I ask my clients about their racial and ethnic background because it helps me have a better understanding of who they are. Just by looking, I can see that this is an area of difference for us which could, at times, mean that I will not have the same perspective on something or be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not experience racism. So first, I wonder how you feel about working on your concerns with someone who is White?

B. Often, I ask my clients about their racial and ethnic background because it helps me have a better understanding of who they are. It can also be related to what you want to talk about, if you have been, for example, thinking about your identity, experiencing discrimination, or maybe having conflict with people in your racial group or outside of it. First, I wonder how you see your race/ethnicity, or even experiences of racism, being related to what brings you in for counseling?

C. Often, I ask my clients about their cultural background or identity because it helps me have a better understanding of who they are. The fact that we are both women means we probably have *some* shared experiences because of that; maybe we have both felt pressure to act or look a certain way before. I also am aware that racially we are different, which could, at times, mean that I will not have the same perspective on something or be able to fully appreciate your experiences. For example, as a White person I have unearned privileges and will not experience racism. That being said, I wonder how you feel about working on your concerns with someone who is White?

Condition 1 is _____ (A, B, or C)

Condition 2 is _____ (A, B, or C)

Condition 3 is _____ (A, B, or C)

Please refer to the broaching statements on the previous page to answer the 3 questions below. Feel free to mark up the statements to illustrate any changes you would like to make.

1. What are your general reactions to the broaching statements?
2. Is there anything you would alter, remove, or add to any of these statements?

Consider the specific language and approach used and describe any changes you would make.

3. Other observations or suggestions?

Pilot Study Phase 2

Thank you for participating! I hope to receive your feedback on a video I have prepared for my dissertation. You will be presented with a brief video and asked to complete items evaluating the counselor depicted in the video and the video itself. In total this should take about 15 minutes.

Please indicate your:

Age _____	Race/ethnicity _____
Year in school (e.g., freshman) _____	Sexual orientation _____
Gender _____	

Written version of instructions to be verbally delivered before viewing video:

You are about to watch a clip of a counseling session. This is the first time this client and counselor are meeting. Please watch the interaction closely, as if you are the client. Afterward, you will be asked to provide your thoughts about the counselor.

After you have watched the complete video, please rate the following items by circling the number that best represents how you experienced the counselor in the video.

I.GENERAL COUNSELOR CHARACTERISTICS

1. The counselor in the video was warm.
 1. strongly disagree
 2. disagree
 3. slightly disagree
 4. slightly agree
 5. agree
 6. strongly agree
 2. The counselor in the video was comfortable
 1. strongly disagree
 2. disagree
 3. slightly disagree
 4. slightly agree
 5. agree
 6. strongly agree
 3. The counselor in the video was credible or skilled
 1. strongly disagree
 2. disagree
 3. slightly disagree
 4. slightly agree
 5. agree
 6. strongly agree
-

II. EVALUATION OF COUNSELOR

In this next section, we would like for you to rate the counselor in the video based on the following items. *Regarding the client's racial/ethnic background, the counselor....*

Regarding the client's racial/ethnic background, the counselor....	Strongly Disagree (1)	Mildly Disagree (2)	Neutral (3)	Mildly Agree (4)	Strongly Agree (5)
1. Is respectful.	1	2	3	4	5
2. Is open to explore.	1	2	3	4	5
3. Assumes he/she already knows a lot.	1	2	3	4	5
4. Is considerate.	1	2	3	4	5
5. Is genuinely interested in learning more.	1	2	3	4	5
6. Acts superior.	1	2	3	4	5
7. Is open to seeing things from the client's perspective.	1	2	3	4	5
8. Makes assumptions about the client.	1	2	3	4	5
9. Is open-minded.	1	2	3	4	5
10. Is a know-it-all.	1	2	3	4	5
11. The counselor seems to assume more understanding than the therapist actually does.	1	2	3	4	5
12. Asks questions when the counselor is uncertain.	1	2	3	4	5

Based on the brief video you watched and the impressions you formed about the counselor during this time, how would you rate your ability to answer the items on the above questionnaire?

1. very weak
 2. weak
 3. slightly weak
 4. slightly strong
 5. strong
 6. very strong
-

Please rate the degree to which the counselor in the video addressed (e.g., responded to or elicited) cultural issues within the session.

	Strongly Disagree (1)	Mildly Disagree (2)	Neutral (3)	Mildly Agree (4)	Strongly Agree (5)
1. The counselor encouraged the client to discuss the client's cultural background more.	1	2	3	4	5
2. The counselor discussed the client's cultural background in a way that seemed to work.	1	2	3	4	5
3. The counselor avoided topics related to the client's cultural background.	1	2	3	4	5
4. There were many chances to have deeper discussions about the client's cultural background that never happened.	1	2	3	4	5
5. The counselor missed opportunities to discuss the client's cultural background.	1	2	3	4	5

Based on the brief video you watched and the impressions you formed about the counselor during this time, how would you rate your ability to answer the items on the above questionnaire?

1. very weak
2. weak
3. slightly weak
4. slightly strong
5. strong
6. very strong

The purpose of this inventory is to measure your perceptions about the Cross Cultural Counseling Competence of the counselor you have just watched. We are interested in *your opinion*, so please make a judgment on the basis of what the statements in this inventory mean to you. Please circle one rating for each statement and be sure to provide a response for every item, even if you may feel that you do not have enough information to make a fully informed decision.

	Strongly Disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
10. Counselor elicits a variety of verbal and non-verbal responses from the client.	1	2	3	4	5	6
11. Counselor accurately sends and receives a variety of verbal and non-verbal messages.	1	2	3	4	5	6
12. Counselor is able to suggest institutional intervention skills that favor the client.	1	2	3	4	5	6
13. Counselor sends messages that are appropriate to the communication of the client	1	2	3	4	5	6
14. Counselor attempts to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle.	1	2	3	4	5	6
15. Counselor presents his or her own values to the client.	1	2	3	4	5	6
16. Counselor is at ease talking with this client.	1	2	3	4	5	6
17. Counselor recognizes those limits determined by the cultural differences between client and counselor.	1	2	3	4	5	6
18. Counselor appreciates the client's social status as an ethnic minority.	1	2	3	4	5	6

19. Counselor is aware of the professional and ethical responsibilities of a counselor.	1	2	3	4	5	6
20. Counselor acknowledges and is comfortable with cultural differences.	1	2	3	4	5	6

Alexis Hernandez and Teresa LaFromboise, 1983

Based on the brief video you watched and the impressions you formed about the counselor during this time, how would you rate your ability to answer the items on the above questionnaire?

1. very weak
 2. weak
 3. slightly weak
 4. slightly strong
 5. strong
 6. very strong
-

Below is a list of statements about experiences people might have in counseling with their counselor. Some items refer directly to the counselor with an underlined space as you read the sentences, mentally insert the counselor from the video in place of _____ in the text. Imagine that you continued to work with the counselor depicted in the video for multiple sessions. Indicate which category best describes your impressions of how continuing counseling with this counselor would be based on what you observed in the video.

	Seldom (1)	Sometimes (2)	Fairly often (3)	Very often (4)	Always (5)
1. As a result of these sessions I am clearer as to how I might be able to change.	1	2	3	4	5
2. What I am doing in therapy gives me new ways of looking at my problem.	1	2	3	4	5
3. I believe _____ likes me.	1	2	3	4	5
4. _____ and I collaborate on setting goals for my therapy.	1	2	3	4	5
5. _____ and I respect each other.	1	2	3	4	5
6. _____ and I are working towards mutually agreed upon goals.	1	2	3	4	5
7. I feel that _____ appreciates me.	1	2	3	4	5
8. _____ and I agree on what is important for me to work on.	1	2	3	4	5
9. I feel _____ cares about me even when I do things that he/she does not approve of.	1	2	3	4	5

	Seldom (1)	Sometimes (2)	Fairly often (3)	Very often (4)	Always (5)
10. I feel that the things I do in therapy will help me to accomplish the changes that I want.	1	2	3	4	5
11. _____ and I have established a good understanding of the kind of changes that would be good for me.	1	2	3	4	5
12. I believe the way we are working with my problem is correct.	1	2	3	4	5

Adam Horvath.

Based on the brief video you watched and the impressions you formed about the counselor during this time, how would you rate your ability to answer the items on the above questionnaire?

1. very weak
 2. weak
 3. slightly weak
 4. slightly strong
 5. strong
 6. very strong
-

III. VIDEO QUALITY

1. How would you rate your ability to hear and see the exchange between the counselor and client in the video?
 1. very weak
 2. weak
 3. slightly weak
 4. slightly strong
 5. strong
 6. very strong

2. How would you rate your ability to understand what the counselor and client were discussing in the video clip?
 1. very weak
 2. weak
 3. slightly weak
 4. slightly strong
 5. strong
 6. very strong

Please indicate any additional comments, questions, or concerns about the video below:

APPENDIX C

APPROVAL FOR PILOT STUDY PHASE 1 AND PHASE 2

Emails from Institutional Review Board consultant at UNCG

Melissa Beck

Aug 23 ☆



to me ▾

Hi Kelly,

Based on what you have described, this would not meet the definition of human subjects research as the purpose is only to provide feedback on a script to inform the development of the script. At this time, IRB review would not be required. Your full study, however, will require IRB review.

Please let me know if you have any additional questions.

Thank you,
Melissa

...

Melissa Beck

Sep 7 (8 days ago) ☆



to me ▾

Hi Kelly,

Since you are still continuing to validate your instruments and determine the length of the study and the questions being asked are not about the participants, then this would not require IRB review.



I appreciate you checking on this.

Thank you,
Melissa

...

APPENDIX D

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

 <p>THE UNIVERSITY of NORTH CAROLINA GREENSBORO</p>	<p>OFFICE OF RESEARCH INTEGRITY 2718 Beverly Cooper Moore and Irene Mitchell Moore Humanities and Research Administration Bldg. PO Box 26170 Greensboro, NC 27402-6170 336.256.0253 Web site: www.uncg.edu/orc Federalwide Assurance (FWA) #216</p>
<p>To: Kelly King Counsel and Ed Development Counsel and Ed Development</p>	
<p>From: UNCG IRB</p>	
<p> Authorized signature on behalf of IRB</p>	
<p>Approval Date: 1/24/2018 Expiration Date of Approval: 1/23/2019</p>	
<p>RE: Notice of IRB Approval by Expedited Review (under 45 CFR 46.110) Submission Type: Initial Expedited Category: 7.Surveys/interviews/focus groups Study #: 18-0019 Study Title: Setting the stage for culturally responsive counseling: An experimental investigation of broaching race and racism in the initial counseling session.</p>	
<p>This submission has been approved by the IRB for the period indicated. It has been determined that the risk involved in this research is no more than minimal.</p>	
<p>Study Description:</p>	
<p>The present study is an experimental analogue design to evaluate three variations on a widely discussed culturally responsive counseling skill: broaching. Broaching involves counselors having conversations about race, ethnicity, and culture as well as issues of power and oppression with clients. Participants will view broaching statements that vary in their focus (addressing client content or the counseling relationship) and whether the counselor raises similarities and differences in their identities and experiences or addresses the presence of differences alone. Outcome measures include feedback on the counselor's multicultural orientation, the working alliance, and the participant's interest in working with the counselor depicted.</p>	
<p>Study Regulatory and other findings:</p>	
<ul style="list-style-type: none">• This research meets criteria for waiver of a signed consent form according to 45 CFR 46.117(c)(2).	
<p>Investigator's Responsibilities</p>	
<p>Signed letters, along with stamped copies of consent forms and other recruitment materials will be scanned to you in a separate email. Stamped consent forms must be used unless the IRB has given you approval to waive this requirement. Please notify the ORI office immediately if you have an issue with the stamped consents forms.</p>	
<p>Please be aware that valid human subjects training and signed statements of confidentiality for all members of research team need to be kept on file with the lead investigator. Please note that you will also need to remain in compliance with the university "Access To and Retention of Research Data" Policy which can be found http://policy.uncg.edu/university-policies/research_data/.</p>	
<p>CC: Leslie Borders, Counsel and Ed Development</p>	

APPENDIX E

INFORMED CONSENT AND RECRUITMENT EMAIL

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Setting the stage for culturally responsive counseling: An experimental investigation of broaching race and racism in the initial counseling session.

Principal Investigator and Faculty Advisor: Kelly King, M.S., L. DiAnne Borders, Ph.D.

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or The University of North Carolina at Greensboro. Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

You can print a copy of this consent form before moving to the next page. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

What is the study about and why are you asking me?

This is a research project. Your participation is voluntary. The goal is to better understand specific counseling skills that could be useful in cross-racial counseling relationships.

What will you ask me to do if I agree to be in the study?

If you agree to participate in this study, you will be asked to complete the online survey available through the link at the end of this informed consent document. It is expected that it should take you 15-20 minutes to answer the questions. The questions will ask you to provide your feedback on an approximately 4-minute video of a counselor and client, who are actors, having a conversation. We want to hear your thoughts about the counselor, the counseling relationship, and how you think counseling services with this counselor would be. This clip is a role-play and not meant to represent counseling in general.

Is there any audio/video recording?

No.

What are the risks to me?

The Institutional Review Board at The University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. If you are uncomfortable with any question, you may choose not to respond.

It is possible that you will feel unpleasant emotions while viewing the video or rating the counselor. Should this happen, you are welcome to pause or discontinue taking the survey. If you experience any stronger emotions while participating, please consider contacting the UNCG Counseling Center at 336-334-5874 for an appointment.

If you have questions, want more information or have suggestions, please contact Kelly King (kmking7@uncg.edu, 336.334.3423) or Dr. L. DiAnne Borders (borders@uncg.edu, 336.334.3423).

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study, please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Are there any benefits to society or to me as a result of me taking part in this research?

This study may help counselors have a better understanding of counseling skills that could be useful in cross-racial counseling relationships. This information is important because counselors have not always considered the impact of clients' identities and experiences of oppression. There are no direct benefits to participants in this study.

Will I get paid for being in the study? Will it cost me anything?^{[[SEP]]}

There are no costs to you for participating in this study. There is the possibility of receiving an incentive by completing the survey. There will be a drawing for a **\$100 Amazon gift card** for participants who complete the survey. Additionally, the **first ten people** who respond will **automatically receive \$5** in addition to being entered into the drawing. If you complete the survey you will be sent to a completely separate web page to provide your email. You are able to leave items blank if you feel uncomfortable with the item and still be eligible to receive an incentive. This email will be used to contact you if you are one of the first ten responders and/or if you have won the drawing. It will not be connected in any way to your survey responses so that they remain completely anonymous. All incentives can be collected from the researcher in the Counseling and

Educational Development department on campus (those who qualify for the incentives will be sent specific information for collecting the incentive).

How will you keep my information confidential?

Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. **Please be sure to close your browser when finished so no one will be able to see what you have been doing. You are also advised to clear your browsing history.** With this in mind, we are not collecting any identifying information from you with your responses to the main survey. The email address you voluntarily provide to enter you into the **\$100 Amazon gift card drawing** and/or receive **\$5** will not be connected to the main survey in order to keep your responses completely anonymous. Results of the survey will be stored without any identifying information in an electronic, password-protected file on the primary researcher's laptop computer for 5 years following completion of the study. Should survey information be breached, survey data cannot be linked to you because we will not have any identifying information connected to your responses. All information obtained in this study is strictly confidential unless disclosure is required by law.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which have been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By continuing on to the survey from this consent form, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By moving on to the next page, you are agreeing that you are 18 years of age or older and you are agreeing to participate in this study described to you by Kelly King.

Email Recruitment

Hi,

You are invited to participate in a brief research study for the chance to win a *\$100 Amazon gift card* in a drawing **and** \$5 for the first ten people to respond. Your feedback is important. I want to understand how counselors can be more culturally responsive with clients. So far, counselors have talked about this among themselves. We desperately need feedback from potential clients if we are going to truly make some changes.

If you decide to continue, you will be asked to view a short, 4-minute video of a mock counselor and client conversation and provide your feedback in a survey lasting about 15 minutes. If you want to be considered for entry into the \$100 Amazon gift card drawing or \$5 for the first ten responses, then you will be redirected to a separate form where you can provide your email address. Your email will be completely separate from your responses to the main survey. You must be 18 or older to participate. You can learn more about the study, your rights as a participant, and take the survey at the link below:

LINK

Thank you for considering participating in this study,
Kelly King, MS, LPCA, NCC

Contact at kmking7@uncg.edu or 336.334.3423 if you have questions, comments or concerns about your participation.

APPENDIX F
DEMOGRAPHICS

1. What is your age? _____

2. What is your race/ethnicity?

☐ Asian

☐ Black or African American

☐ Latino(a) or Hispanic

☐ Multiracial

☐ Native American

☐ White or Caucasian

☐ Other _____

3. What is your gender?

☐ Man

☐ Woman

☐ Transgender

☐ Other _____

4. What is your sexual orientation?

- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Heterosexual (straight)
- ☐ Other _____

5. What is your religious affiliation?

- ☐ None
- ☐ Christian Protestant (Non-Catholic)
- ☐ Christian Catholic
- ☐ Hindu
- ☐ Muslim
- ☐ Jewish
- ☐ Buddhist
- ☐ New Age Spirituality
- ☐ Spiritual, but do not adhere to an organized religion
- ☐ Other _____

6. Do you have a disability?

☐ No

☐ Yes

☐ Other _____

7. What is your nationality? _____

8. Have you ever been to counseling?

☐ Yes

☐ No

(If participant answered “yes” to question 8 they were presented with the following items about their counseling experience)

9. Are you currently seeing a counselor?

☐ Yes

☐ No

10. How did you begin counseling (if you have worked with multiple counselors, please answer for the most recent or current time)?

☐ I chose to seek counseling

☐ I was referred by someone I know to be in counseling

☐ I was required or mandated to be in counseling

☐ Other _____

11. How satisfied were you with the counseling services you received (if you have worked with multiple counselors, please answer for the most recent or current time)?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Slightly satisfied
- ☐ Slightly unsatisfied
- ☐ Unsatisfied
- ☐ Very unsatisfied

12. The following is a list of problems that people are often concerned about. Please select each item that matches your reasons for seeking counseling (if you have worked with multiple counselors, please answer for the most recent time)

- ☐ I have no problems or concerns
- ☐ Anger, hostility, irritability
- ☐ Anxiety, nervousness
- ☐ Career concerns
- ☐ Concentration, distractibility, disorganized thoughts, confusion,
- ☐ Decision making, indecision
- ☐ Depression, low mood, sadness, crying
- ☐ Eating
- ☐ Fears, phobias
- ☐ Financial or money troubles

- ☐ Fatigue, tiredness, low energy
- ☐ Friendships
- ☐ Grief
- ☐ Health, medical concerns
- ☐ History of abuse (physical, sexual, emotional)
- ☐ Loneliness
- ☐ Mood swings
- ☐ Motivation
- ☐ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ☐ Panic or anxiety attacks
- ☐ Perfectionism
- ☐ Relationship problems
- ☐ School or academic problems
- ☐ Self-esteem
- ☐ Sexual issues
- ☐ Sleep problems
- ☐ Smoking and tobacco use
- ☐ Stress, stress management
- ☐ Substance use/abuse

☐ Withdrawal or isolation

☐ Other

APPENDIX G

ITEMS MEASURING INTEREST TO CONTINUE COUNSELING, PREVIOUS EXPOSURE TO BROACHING, AND OPEN-ENDED FEEDBACK

If I were this client I would be _____ to continue counseling with this particular counselor

- ☐ Completely interested
- ☐ Interested
- ☐ Slightly interested
- ☐ Slightly uninterested
- ☐ Uninterested
- ☐ Completely uninterested

If you have experience as a client in counseling, please check each of the following topics that your counselor discussed with you (if you have worked with multiple counselors, please answer for the most recent or current time):

- ☐ I have not participated in counseling
- ☐ Gender
- ☐ Sexual orientation
- ☐ Age
- ☐ Social class
- ☐ Religion/spirituality
- ☐ Race/ethnicity
- ☐ Disability

☐ Family structure

☐ Language

☐ Body shape/size

If you have comments or reactions about the clip you have just seen that you would like to share with the researcher, please do so here.

APPENDIX H
MULTICULTURAL ORIENTATION MEASURES

(Cultural Humility, Hook et al., 2013)

How important is your race to you as a person?

- ☐ Very important
- ☐ Important
- ☐ Slightly important
- ☐ Slightly unimportant
- ☐ Unimportant
- ☐ Very unimportant

Please **think about the counselor in the video and imagine that you are her client.** Using the scale below, please indicate the extent to which you agree or disagree with the following statements about *her as your counselor*. **Regarding my race/ethnicity, this counselor...**

	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree
Is respectful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is open to explore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assumes she already knows a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is considerate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is genuinely interested in learning more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acts superior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is open to seeing things from my perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes assumptions about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is open-minded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a know-it-all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinks she understands more than she actually does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks questions when she is uncertain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Cultural Missed Opportunities, Owen et al., 2016)

There are times when clients wish their counselors would have discussed certain issues more in depth. These opportunities come and go. Sometimes they are important and other times, they are not. Please rate the following items regarding these opportunities with **regards to your race/ethnicity as if you are the client working with the counselor from the video.** Regarding my race/ethnicity...

	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree
I wish this counselor would have encouraged me to discuss my cultural background more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This counselor discussed my cultural background in a way that worked for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This counselor avoided topics related to my cultural background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There were many chances to have deeper discussions about my cultural background that never happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This counselor missed opportunities to discuss my cultural background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Cultural Humility and Cultural Missed Opportunities scales may not be taken for use from this dissertation without acquiring consent from Dr. Jesse Owen. He created this measure with colleagues and can be reached at Jesse.Owen@du.edu for questions about its use.

APPENDIX I

CROSS-CULTURAL COUNSELING COMPETENCE MEASURE

(CCCI-R; LaFromboise, Coleman, & Hernandez, 1991)

These questions have to do with **your perceptions of the counselor you have just watched**. We are interested in *your opinion*, so please make a judgment on the basis of what the statements below mean to you. Please select one rating for each statement and be sure to provide a response for every item, even if you may feel that you do not have enough information to make a fully informed decision.

	Strongly Disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree
Counselor is aware of her own cultural heritage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor values and respects cultural differences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor is aware of how her own values might affect this client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor is comfortable with differences between counselor and client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor is willing to suggest referral when cultural differences are extensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor understands the current socio-political system and its impact on the client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree
Counselor demonstrates knowledge about client's culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor has a clear understanding of the counseling and therapy process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor is aware of institutional barriers which might affect client's circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor elicits a variety of verbal and non-verbal responses from the client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor accurately sends and receives a variety of verbal and non-verbal messages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor is able to suggest institutional intervention skills that favor the client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor sends messages that are appropriate to the communication of the client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor attempts to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree
Counselor presents her own values to the client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor is at ease talking with this client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor recognizes those limits determined by the cultural differences between client and counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor appreciates the client's social status as an ethnic minority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor is aware of the professional and ethical responsibilities of a counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselor acknowledges and is comfortable with cultural differences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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APPENDIX J

WORKING ALLIANCE INVENTORY

(WAI-SR; Hatcher & Gillapsy, 2006)

Almost done! Below is a list of statements about experiences people might have in counseling with their counselor. **Think about your experience of the counselor in the video.** Indicate **how often each statement would be true based on what you observed.**

	Seldom	Sometimes	Fairly often	Very often	Always
As a result of these sessions I am clearer as to how I might be able to change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I am doing in therapy gives me new ways of looking at my problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the counselor in the video likes me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor in the video and I collaborate on setting goals for my therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor in the video and I respect each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor in the video and I are working towards mutually agreed upon goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that the counselor in the video appreciates me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor in the video and I agree on what is important for me to work on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Seldom	Sometimes	Fairly often	Very often	Always
I feel the counselor in the video cares about me even when I do things that she does not approve of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that the things I do in therapy will help me to accomplish the changes that I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor in the video and I have established a good understanding of the kind of changes that would be good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the way we are working with my problem is correct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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